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New York

*President:* The Hon. Julian R. Hunte ..... (Saint Lucia)

*The meeting was called to order at 10.15 a.m.*

**Agenda item 47**

**Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS**

**High-level plenary meetings devoted to the follow-up to the outcome of the twenty-sixth special session and the implementation of the Declaration of Commitment on HIV/AIDS**

**Report of the Secretary-General (A/58/184)**

**The President**: The General Assembly will begin — under agenda item 47 and pursuant to resolutions 57/299, of 20 December 2002, and 57/308, of 22 May 2003 — its high-level plenary-meetings devoted to the follow-up to the outcome of the twenty-sixth special session and the implementation of the Declaration of Commitment on HIV/AIDS.

The General Assembly has before it the report of the Secretary-General entitled "Progress towards implementation of the Declaration of Commitment on HIV/AIDS", which has been circulated in document A/58/184.

The participation of so many heads of State and Government at this high-level plenary meeting of the General Assembly on the subject of HIV/AIDS is a source of immense satisfaction. I thank them and other ministerial representatives for the leadership they are providing through their attendance today. I also wish to express my appreciation to all of them for their participation.

We last gathered, at the twenty-sixth special session of the General Assembly, in 2001, to assess the unfolding tragedy of the HIV/AIDS pandemic. We pledged to take comprehensive and systematic action in the Declaration of Commitment on HIV-AIDS. This high-level plenary meeting is therefore primarily about how well we have kept the commitments made, up to 2003, and about whether we are on target to keep those commitments for 2005. It is also about keeping commitments made in the Millennium Declaration to halt the spread of the disease and to begin the process of reversal by 2015.

Only if we keep our commitments will we reduce numbers such as the 42 million people estimated to be living with HIV/AIDS worldwide, half of whom are adult women and 95 per cent of whom live in the developing world. We need to keep our commitments to decrease the number of deaths due to AIDS — 80 per cent of which occur in sub-Saharan Africa — and to tackle the devastating impact of the disease on the vulnerable, small developing States of the Caribbean. We must take steps to reduce the number of children born with HIV, the growing number of AIDS orphans and the number of new HIV infections, which in 2002 alone were estimated to be 5 million. We must confront stigma and discrimination against people living with HIV/AIDS, ensure that HIV prevention and awareness programmes reach people at risk, and improve access

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to affordable medicines. The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that we are falling far short of the $10.5 billion needed annually by 2005 to effectively fight the epidemic in low- and middle-income countries.

If we are to achieve all that we must be committed. We know that HIV/AIDS is much more than a public health problem, but one that impacts upon virtually every aspect of human endeavour. HIV/AIDS interventions must go hand in hand with policies that address poverty, socio-economic development, human welfare and social cohesion. That is the direction in which we must continue.

There are signs that we are making progress in implementing our undertakings in the Declaration of Commitment on HIV/AIDS and on the Millennium Declaration. In his report entitled "Progress towards implementation of the Declaration of Commitment on HIV/AIDS", the Secretary-General also confirms that progress has been made, both in respect of action under way and with regard to the allocation of resources. That is good news. Regrettably, it must be juxtaposed against a shortfall in the resources of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Further progress will be made if we heed the Secretary-General's warning that the continuing HIV/AIDS crisis requires "an unprecedented mobilization of resources" (*A/58/184, para. 50*).

Many of the important strides we are making are underpinned by the work of UNAIDS. As the leading advocate for global action against the HIV/AIDS pandemic, UNAIDS and its co-sponsoring agencies have proven to be important partners — including with Governments, non-governmental organizations, civil society and the private sector. We commend them for their work and urge them to continue to make their critical contribution. Ultimately, however, it falls on Governments to provide the leadership and vision necessary to confront the crisis in their own countries and to cooperate in the global fight against HIV/AIDS.

At this high-level plenary meeting we must reaffirm our pledge to halt and reverse the HIV/AIDS pandemic and build upon the foundation we set in 2001; for it is only in that way that we will meet the formidable challenges ahead. A full range of activities will take place today, including an interactive panel at the level of heads of State and Government, other panel discussions, briefings and exhibitions. I would encourage all to participate fully in those activities. However, what we do here today will only have an impact when we follow up with action at the national, regional and international levels, and effectively confront this most deadly epidemic of our time. I look forward to a dynamic and progressive discussion.

I now give the floor to the Secretary-General, His Excellency Mr. Kofi Annan, to introduce his report entitled "Progress towards implementation of the Declaration of Commitment on HIV/AIDS" (A/58/184).

**The Secretary-General** (*spoke in French*): Two years ago, the United Nations agreed that victory over HIV/AIDS would require will, resources and concrete measures. We have the will to accomplish that, and the resources are on the increase. But when it comes to action, we are still far from the goal.

Member States adopted the Declaration of Commitment on HIV/AIDS at the 2001 special session of the General Assembly devoted to the subject of HIV/AIDS. That Declaration contained specific, time-bound targets.

(*spoke in English*)

This morning, the General Assembly has before it a report card based on information provided by Governments about progress towards meeting those objectives. One hundred and three countries have provided information to the Joint United Nations Programme on HIV/AIDS (UNAIDS). That information has been consolidated so that Member States can see how the world as a whole is doing, measured by key indicators that capture the fundamental aspects of the response.

In many respects, there has been progress. Significant new resources to fight the epidemic have been pledged, both by individual Member States and through the Global Fund to Fight AIDS, Tuberculosis and Malaria. Established soon after the 2001 special session, the Fund has now committed $1.5 billion to 93 countries. We have seen new levels of collaboration among national Governments, the United Nations family and civil society in developing proposals to the Fund and in bringing essential services to those who need them most.

At the country level, the vast majority of Member States now have in place multisectoral national strategies to combat HIV/AIDS. A growing number of

national and transnational corporations are adopting AIDS policies in the workplace. Civil society is becoming an increasingly important partner in pursuing comprehensive measures against HIV/AIDS. Two thirds of the national reports were made with inputs from civil society. Faith communities are more and more active, often bridging gaps between North and South.

And yet this report makes for sobering reading. We have failed to reach several of the Declaration's objectives set for this year.

Even more important, we are not on track to begin reducing the scale and impact of the epidemic by 2005. By that date, we should have cut by a quarter the number of young people infected with HIV in the worst-affected nations; we should have halved the rate at which infants contract HIV/AIDS; and we should have comprehensive care programmes in place.

On this, the report is crystal clear: at the current rate of progress, we will not achieve any of the aforementioned targets by 2005.

One third of all countries still have no policies to ensure that women have access to prevention and care, even though women now account for 50 per cent of those infected worldwide. More than a third of heavily affected countries still have no strategies in place for looking after the increasing number of AIDS orphans. Fully two thirds of all countries fail to provide legal protection against discrimination for the groups that are most vulnerable to HIV.

Only one in nine people wanting to know their HIV status has access to testing; in sub-Saharan Africa, only one in 16 does. Only one in 20 pregnant women receiving antenatal care has access to services that could help her avoid transmitting HIV to her baby, or to treatment that could prolong her life.

If we are to stand any chance of meeting the 2005 targets, these ratios will have to be improved drastically.

The allocation of resources follows the same pattern: there has been progress, but not enough. Over the past year, spending on the fight against AIDS in low- and middle-income countries has grown by 20 per cent and will reach $4.7 billion per year. Since 1999, domestic spending on AIDS by Governments in those countries has doubled.

Yet we are still only halfway to the $10 billion a year that is needed by 2005. The resources available must continue to increase — through the Global Fund, but also through all other efforts, including those of national Governments in heavily affected countries.

We have come a long way, but not far enough. Clearly, we will have to work harder to ensure that our commitment is matched by the necessary resources and action. We cannot claim that competing challenges are more important or more urgent. We cannot accept that "something else came up" that forced us to place AIDS on the back burner. Something else will always come up.

That is why we must always keep AIDS at the top of our political and practical agenda. I will keep doing my utmost to make it so. I hope that you will use this report, and the documents that come with it, as tools to help you in that mission.

**The President**: I thank the Secretary-General for his statement.

Before giving the floor to the first speaker in the debate, I should like to remind members that, in accordance with resolution 57/299, statements in the debate in plenary meetings should not exceed five minutes. Also in accordance with resolution 57/299, an informal interactive panel will be held this afternoon in parallel with the afternoon plenary meeting. The informal interactive panel will have as its theme "Implementation of the Declaration of Commitment on HIV/AIDS: from policy to practice — progress achieved, lessons learned and best practices." The Chairman of the informal panel will orally present a summary of the discussions in the informal panel to the General Assembly.

I should like to inform the General Assembly that, in view of the large number of speakers inscribed on the list of speakers — 134 so far — and in order to allow the Assembly to listen to all the speakers today, it is my intention strictly to enforce the five-minute time limit on statements.

In this connection, a light system has been installed at the speaker's rostrum which functions as follows: a green light will be activated at the start of the speaker's statement; an orange light will be activated 30 seconds before the end of the five minutes; and a red light will be activated when the five-minute limit has elapsed.

I appeal to speakers to cooperate in observing the five-minute time limit for their statements, so that all those inscribed on the list of speakers can be heard within the time allocated to us today.

Also, given that delegations have had ample time to inscribe themselves on the list of speakers, I would like to propose that the list of speakers in this debate be closed today at noon.

I hear no objection.

*It was so decided.*

**The President**: I give the floor to His Excellency The Right Honourable Owen Arthur, Prime Minister of Barbados.

**Mr. Arthur** (Barbados): It is my pleasure to congratulate you, Sir, as a son of the Caribbean, on your historic election to preside over the General Assembly at its fifty-eight session.

We are currently in the throes of a historic transition in humankind's affairs. On a scale never before contemplated nor experienced, the energies and the resources of a significant portion of the international global community are increasingly being deployed to fight the terrorist threat to global security.

As such, the great goals of global development — the eradication of poverty and relief from hunger — are hardly being achieved and appear to be less than urgently addressed.

There is, however, an enduring moral agenda from which we dare not withdraw. For it is indeed a sobering thought that, over and above the social havoc that the HIV/AIDS pandemic has wrought, it offers itself as a greater threat to global economic stability and development than market failures and policy disturbances. There is now, therefore, a moral obligation for all of us to declare and to treat the HIV/AIDS pandemic as what it is — the single greatest threat to human security.

We must also now dare to think of the health of the whole human race as a realizable objective. For he who has health has hope, and he who has hope has everything.

I am here today to reaffirm Barbados' pledge to support the achievement of the Millennium Development Goals and the Declaration of Commitment on HIV/AIDS, adopted at the General Assembly's twenty-sixth special session, in 2001. As a founding member of the Pan-Caribbean Partnership against HIV/AIDS, we wish to renew our commitment to work in harmony with our neighbours to relieve our region of a threat to stability and security which is exceeded only by that faced by sub-Saharan Africa. My presence here today also signals in the strongest possible way the resolve of an entire nation and people to spare no effort in countering our nation's single greatest threat.

My country's experience points to the fact that with the requisite effort the war against HIV/AIDS can be won. Early in 2001 my Government initiated an expanded, multisectoral response to the pandemic. It included investing the Prime Minister's Office with responsibility for giving strategic direction to our national programme and for overseeing the implementation of initiatives at the ministerial level. We have also forged new creative partnerships across all our civil society, geared to achieving the goals of a 50 per cent reduction in mortality by 2004 and a 50 per cent reduction in incidence by 2006.

We are providing highly active antiretroviral therapy free of cost to all our eligible citizens living with HIV/AIDS. After the first year of this expanded national programme, I am pleased to report that the deaths from AIDS in Barbados have been reduced by 43 per cent. We have also achieved a six-fold reduction in mother-to-child transmission, maintaining levels of less than 6 per cent transmission over five years. We recognize, however, that we have much still to accomplish.

Having made great strides at the level of treatment, we must now strengthen our programme of prevention, putting our emphasis on activities to induce behaviour change. For, ultimately, the only successful way by which to win wars is to prevent them from occurring in the first place.

My Government also proclaims its dedication to the creation and enforcement of supportive laws, full empowerment of the HIV/AIDS community and the eradication of AIDS-related stigma and discrimination.

We are resolutely committed to the global fight against HIV/AIDS, and we urge the replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria. As a mark of that commitment, my Government therefore today pledges to contribute $100,000 to the Global Fund.

Let us go forward together in this battle, fortified by the conviction that those who labour in the service of a great and good cause will never fail. I am obliged to you.

**The President**: I thank the Prime Minister of Barbados.

I give the floor to His Excellency Mr. John Agyekum Kufuor, President of the Republic of Ghana.

**Mr. Kufuor**: I am honoured to be addressing this important gathering. Our common destiny in today's global world dictates that whatever threatens society in one country should be of concern to us all. In the case of HIV/AIDS, all of us are at risk, hence the need for this open and continuing discourse to share and review ideas and experiences and adopt common strategies to confront the menace.

The first special session on HIV/AIDS, held in June 2001, acknowledged the devastating impact of the epidemic on the socio-economic development of our peoples and adopted time-bound goals that have since guided our collective efforts to overcome this scourge.

Today, we are gathered here to take stock of our individual and collective efforts in the fight against the pandemic, which continues unabated in its threats to the very existence of our peoples, particularly in sub-Saharan Africa, where the incidence of HIV/AIDS is most severe.

Global statistics indicate an increasing rate of infection and clearly call for intensive action, through the pursuit of preventive strategies and ultimately eradication of the menace. Research findings have indicated that two thirds of the projected 45 million new HIV/AIDS infections by 2010 could be averted if proven prevention strategies are pursued vigorously. Unfortunately, so far, fewer than one in nine people have access to basic HIV prevention programmes on the African continent.

In Ghana, prevalence rates of HIV/AIDS of 3.4 per cent have not shown any reversal over the past two years, even though it is lower than rates in other countries in the West African region, where rates range between 5 per cent and 11 per cent. We are therefore intensifying our pursuit of appropriate and cost-effective preventive strategies, within our limited budgetary resources, to ensure that the rate is reduced. Otherwise, the projections are that, even at the existing relatively low rates, the currently infected population of 600,000 will increase to 1,360,000 by year 2014, with the number of resulting orphans increasing from the current 170, 000 to 236,000.

Presently, 90 per cent of the 600,000 HIV cases reported in Ghana are people between the ages of 15 and 49, that is, the productive population. About 63 per cent of the recorded AIDS cases are females. In Ghana, females constitute about 51 per cent of our total population. They contribute significantly to productive ventures at all levels of the society, especially in petty trading and grassroots level agricultural production.

Indeed, since the early 1990s Ghana has taken several significant steps to fight the dreaded menace. For example, the Government has responded to the HIV/AIDS epidemic by facilitating a multisectoral approach that focuses on mobilizing human, material and financial resources in all sectors, including civil society, the private sector and communities, to plan, implement and monitor appropriate prevention, care and support interventions. To that end, we have established, directly under my office, a Ghana AIDS Commission, of which I am the Chairman. The Commission spearheads all initiatives, including resource mobilization, research and capacity building aimed at overcoming the pandemic. Besides its monitoring role, it has been primarily engaged in promoting awareness and other preventive mechanisms to halt the spread of the deadly virus. Our achievements in the national response are the total level of awareness of the epidemic among the populace and the high level of commitment at the national, political and community leadership levels to the fight against the pandemic.

In tandem, the Government has established a Ghana AIDS Response Fund to mobilize the necessary funds to support the work of the Ghana AIDS Commission. Since 2001, when implementation of the national response started, the Ghana AIDS Commission had disbursed $20 million from a $25 million credit of the International Development Association to fund activities of several organizations all over the country to carry out HIV/AIDS intervention at the national and community levels. That includes all of the 110 district assemblies in the country, non-governmental organizations, community and faith-based organizations and private sector institutions. With their involvement, the Government is presently concentrating on activities aimed at preventing new infection through behaviour change and responsible

sexual behaviour, particularly among the targeted group — the youth.

Also, in the light of the relationship between HIV/AIDS and poverty and the high incidence of infection among females, measures are being taken to empower women and girls economically, to reduce their vulnerability to the disease. In addition to building the economic capacity of women, functional literacy of women and girls' education are being promoted vigorously to furnish them with the necessary knowledge about their rights and roles in society with regard to HIV/AIDS, so that they will become full partners with their men folk in the fight against the HIV/AIDS threat to achieve success.

Furthermore, the prevention of mother-to-child transmission is being tackled with the necessary educational campaigns and other, more direct interventions at points of service.

In that regard, we take this opportunity to express our appreciation and gratitude to the United Nations system in Ghana, the World Bank, the DFID, USAID and other bilateral donors for their generous financial support to our national efforts. However, additional financial assistance is essential if we are to attain the goals outlined in the Declaration of Commitment on HIV/AIDS adopted at the twenty-sixth special session of the General Assembly.

It is worth mentioning that, under the global fund, Ghana will be receiving some antiretroviral drugs for HIV/AIDS patients for the next two years. That will strengthen our crusading efforts. We are also engaged in the provision of drugs for the prevention and the management of opportunistic infections, like tuberculosis. Meanwhile, voluntary counselling and testing kits are being made available at identifiable hospitals and clinics throughout the country. Vigorous campaigns are afoot to enhance awareness about the availability of these facilities and to educate people on the advantages of voluntary testing.

Plans are under way for the Government to produce off-patent antiretroviral drugs for the management of HIV/AIDS. Unfortunately, our first attempt to do this in March 2003 could not take off. We faced stiff rules regarding patent rights and World Trade Organization (WTO) rules and regulations. We are pleased to note that the WTO has recently relaxed these rules and regulations.

In view of the limited resources available to developing countries in the fight against HIV/AIDS, we welcome the establishment of the Global Fund, a multilateral initiative to fight AIDS. We urge increased levels of contribution for the sustainability of the Fund.

Ghana endorses the view that the United Nations should use its unique position to ensure that programme resources are managed efficiently, effectively and transparently. Also, there should be objective monitoring and evaluation of such programmes, and data collected must be used for policy debate and future programme design.

While we welcome recent pledges by the United States of America, the European Union and others to contribute substantially to the fight against this global pandemic, it is our hope that the existing multilateral structures will be more intensively used in ways that reduce costs and ensure that resources are more easily accessible to the poor communities of the world.

**The President**: I give the floor to His Excellency Mr. Abdoulaye Wade, President of the Republic of Senegal.

**President Wade** (*spoke in French*): More than two years ago in this very Hall, we adopted the Declaration of Commitment on HIV/AIDS, with the slogan "Global crisis, global action".

Today we are looking back to see how far we have come in carrying out our agreed commitments.

As we meet here today, millions of men and women, rich or poor, young and not so young, knowing that they live with the terrible virus, are overwhelmed by physical and moral suffering, torn between the fear of imminent death or the tenuous hope of uncertain survival. Millions of others, rich or poor, young and not so young, are unaware that they are carrying the deadly virus and continue to spread it by infecting others.

That is the cruel reality of the complex and dangerous dimensions of this scourge that spares no country.

In July 2000, the Security Council, at a special debate, sounded the alarm, recognizing for the first time, the impact of HIV/AIDS on international peace and security. Thus, we must fight together to seek a collective response to a global threat.

The report entitled "Coordinates 2002", published in April 2002 by the Joint United Nations Programme on AIDS (UNAIDS), the United Nations Children Fund (UNICEF) and the World Health Organization (WHO), shows clearly that, while a world consensus has emerged on AIDS, much remains to be done to halt this terrifying spiral that strikes down young people in their prime, disrupts family and community structures and destroys entire sectors of the economy.

"Coordinates 2002" shows us that at least 30 per cent of young people in 22 countries covered in this study had never heard of AIDS or of its forms of transmission. Almost 87 per cent of the group of 15- to 19-year-olds did not consider themselves to be at risk. And this is the information age?

Combating AIDS first means talking about AIDS, overcoming ignorance and breaking the taboos in order to develop a mindset for real awareness.

In Senegal, we have dealt with the problem since the first case appeared in 1986. The UNAIDS/Senegal thematic group published in June 2001 a document entitled "Best practices: the Senegalese experience". It traces our campaign strategy, together with our social partners: non-governmental organizations, the private sector, grassroots organizations and leaders of public opinion.

The conception and the management of Senegalese programmes rest on a double imperative — rapid response and anticipation. Our strategic campaign plan for the period 2002-2006 follows that imperative.

In addition to systematic screening of blood donations, we are now decentralizing our anonymous, volunteer test centres. Besides making investments in health, Senegal was one of the first countries to get a 95 per cent cut in the cost of antiretroviral medicines by the major pharmaceutical groups. I would like to pay tribute to the World Health Organization for its assistance on generic drugs for developing countries.

Combating prejudice, informing and educating the people, raising awareness and caring for the sick and healthy carriers of the HIV virus are, I believe, prerequisites for any credible effort to fight AIDS. I would like to pay sincere tribute to those who form public opinion, particularly religious leaders, whose sermons give essential support to the activities of the Senegalese political authorities.

We have been able to limit the infection rate in Senegal to 1.4 per cent thanks to all those concerted efforts. Within Africa, Uganda is also an interesting model from which we can learn. These two success stories are lessons that give us cause for hope.

In Senegal, we have shown that a developing country can keep the infection rate within limits comparable to those in some developed countries. Even with an infection rate of more than 10 per cent, as in the case of Uganda, a developing country can still reverse the upward trend in infection rate.

Senegal welcomes the establishment of the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria. We would like to pay tribute to the commitment shown by the Secretary-General and all of the development partners: France, the United States, the European Union, Canada and others. We urge all bilateral and multilateral partners to contribute to the Global Fund, whose current resources cover less than 11 per cent of existing needs.

The campaign against AIDS requires us all first and foremost to shoulder our full responsibilities at the regional level. It must be said that medical treatment can be meaningful and effective only if it is available to as many people as possible. Together, we must end the destructive and paradoxical situation in which the drugs to treat disease are in the North and sick people are in the South.

Let us think of the living conditions of the men and women living with AIDS: entire broken families with no available means, orphans deprived of parental protection and love, children doomed at the most tender age by widespread infection and the millions of people who live at home or in the silence of hospitals daily paying the very heavy toll of the AIDS pandemic.

There is only one priority now. We must move from commitment to action. That is the message that Senegal wished to bring to the Assembly's attention.

**The President**: I thank the President of the Republic of Senegal.

I give the floor to His Excellency the Right Honourable Pakalitha Bethuel Mosisili, Prime Minister and Minister for Defence and Public Service of the Kingdom of Lesotho.

**Mr. Mosisili** (Lesotho): HIV and AIDS have emerged as the greatest obstacle to the development of

our nations and, indeed, to the attainment of the Millennium Development Goals. My country, Lesotho, is one of the six countries in Southern Africa afflicted by the humanitarian crisis fuelled by poverty, unemployment and HIV and AIDS. With an HIV and AIDS seroprevalence rate of 31 per cent among adults, Lesotho is the fourth most severely affected country in the world.

The Government is very concerned that despite various efforts to curtail the spread of the pandemic, infection rates continue to rise and have reached crisis proportions. The Government has declared HIV and AIDS a national disaster and continues to use every opportunity to exhort all to do everything in their power to help control and manage the pandemic.

The primary focus in prevention has been on communication and education for behavioural change, particularly among young people. Peer educators, especially for youth and high risk groups, including herdboys, continue to be trained in initiatives to help others to change their behaviour. Adolescent "health corners" have been established to meet the reproductive health care needs of adolescents.

A major constraint is that only a few hospitals currently maintain voluntary counselling and testing facilities. Even where such facilities exist, they are used mainly for blood donation services and confirmation of HIV diagnoses for patients attending clinics for sexually transmitted diseases. The introduction and scaling up of voluntary counselling and testing facilities is a very important intervention for behavioural change.

A major challenge concerning treatment of those infected with HIV is creating access to and providing antiretroviral treatment drugs. It is encouraging to note that through the Global Fund access to antiretroviral drugs will be increased to ensure that those who need treatment receive it. However, limitations in terms of trained personnel and physical facilities, such as laboratories and equipment, remain our biggest challenges.

The training of various groups in home-based care has been undertaken, and community home-based care kits have been provided to support groups throughout the country in collaboration with the office of the First Lady, the Lesotho AIDS Programme Coordinating Authority (LAPCA), religious bodies and several non-governmental organizations.

The extended family system that was so central to the lives of Basotho is becoming dysfunctional. Consequently, it is no longer a reliable structure in the care of orphans and other vulnerable children. Increasingly there are more child-headed families and families headed by the elderly. Help should therefore be extended to those support structures to avoid overstretching and overburdening the caregivers.

We are aware that it is easy to be overwhelmed by the scale of the HIV and AIDS pandemic, the suffering associated with it, and the continuing increase in new HIV infections. However, it is now a known fact that HIV infection is preventable, and the pandemic can be turned around. There are reports, from the region and elsewhere, of successes and best practices in changing behaviour, reducing new infections and mitigating the impact of the pandemic. The challenge is to scale up and replicate those successes throughout the country, and for this we need resources.

Following the Southern Africa Development Community (SADC) summit on HIV and AIDS that was recently held in Lesotho, my Government has committed itself to an aggressive response to the HIV and AIDS pandemic through multisectoral programmes targeting the following priority areas: first, prevention through education and social mobilization; secondly, improving care, access to counselling and testing services and treatment and support; thirdly, mitigating the impact of HIV and AIDS; and fourthly, intensifying resource mobilization.

The Government of Lesotho has already taken positive steps to address these challenges. A strategy document entitled "Strategies for Scaling up the Fight against HIV and AIDS in Lesotho" is being finalized, and processes for the restructuring and revitalization of LAPCA to steer the intensified response to the pandemic have been initiated. The political will is very strong. What we need are resources and capacity-building. But the fact that we have no capacity — as we have been told ad nauseam — cannot and must not be used as an excuse for denying us resources. That is as absurd and ridiculous as telling a neighbour whose house is on fire that he or she has no water, and therefore is not able to help. Not very brilliant, is it?

**The President**: I give the floor to His Excellency Mr. Jorge Fernando Branco de Sampaio, President of the Portuguese Republic.

**President De Sampaio** (Portugal): I had the pleasure and the honour of attending the special session of the United Nations General Assembly that, in June 2001, produced the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex). Two years later, the time has come to evaluate its implementation.

For some time now, AIDS has ceased to be a problem restricted to specific sectors of the population. AIDS is a problem of humanity, requiring the international community to provide a service and to be held accountable for the strategies developed and the results achieved. In other words, we require good global governance to tackle a problem that is a world concern.

Some progress has been made since the 2001 Declaration, in terms of the objectives that have been quantified and chronologically established. I refer, first of all, to a number of regional initiatives for sharing resources, experience and know-how. In that field, I should like to emphasize the effort of the Community of Portuguese-Speaking Countries in the area of technical cooperation and coordination of efforts among its members — of particular benefit to the African member States that have the least resources but are the most affected.

I should also like to welcome the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the result of persistent work by the United Nations and in particular by its Secretary-General, Mr. Kofi Annan. That work represents a significant step forward in attacking world epidemics and in streamlining access to treatments, while devoting particular attention to the issues of poverty and inequality.

In 2001, I stressed that access to health care should not be denied because of high drug prices. Significant progress has been achieved to make good on the perspectives opened up by the Fourth World Trade Organization Ministerial Conference in Doha two years ago, which were aimed at reducing dramatic injustices in the treatment of this disease.

The sense of urgency with which the fight against AIDS has been pursued in the past two years must be maintained and heightened in the face of the rising curve in the number of infected persons. Therefore, I believe that this approach of holding regular meetings to review our commitments and the consequences of our acts and omissions is particularly suitable. We must keep these issues at the top of our political agendas.

The forecast of the Joint United Nations Programme on HIV/AIDS (UNAIDS) is clear and dramatic: by the end of 2002, more than 40 million people throughout the world were infected with the human immunodeficiency virus; however, if no worldwide prevention efforts are made by 2010, approximately 45 million more people will contract the virus in countries with low and average incomes.

We are also aware of the impact of this epidemic on the health sector, leading to increased expenses and to the need for more health care workers; of its impact on education, with the fall in school attendance; of its impact on economic activities, with the drop in productivity; of its impact on families, with the dramatic rise in the number of orphans; and of its macroeconomic impact, with the reduction in the gross domestic product of the more affected countries.

The world must look on this epidemic as a colossal risk that threatens humanity and demands a safety strategy on a world scale. That is one of the most striking examples of the need to coordinate our political guidelines and to take concrete measures, not unilaterally but in solidarity. The international political agenda, while concerned — and understandably so — with the fight against armed terrorism, cannot forget this other source of terror for the large number of people who, every single day, are killed or reduced to misery and pain by the HIV/AIDS epidemic.

**The President**: I thank the President of the Portuguese Republic.

I give the floor to His Excellency Mr. Marc Ravalomanana, President of the Republic of Madagascar.

**President Ravalomanana** (*spoke in French*): This gathering is of the highest importance to human survival, since people continue to die of HIV/AIDS throughout the world. It is obvious, Mr. President, that your initiative deserves the international community's support. Indeed, this is an occasion to reflect on the best way to combat that deadly pandemic.

In Madagascar, the HIV/AIDS infection rate was 0.3 per cent last year. Currently, it is 1.05 per cent — a threefold increase in only one year. That shows the gravity of the problem, notwithstanding our insularity.

Faced with the inertia of bureaucracy and aware of the need to act effectively, I decided to commit

myself personally to the fight against AIDS. To that end, since October 2002 the following has been accomplished. A national anti-HIV/AIDS committee has been set up under my direction to highlight my personal commitment; it is represented in all the island's provinces. It is in charge of defining strategic approaches while mobilizing the public, private, community and religious sectors. A strategic national plan has been finalized. Sectoral operational plans have been defined. A national follow-up and assessment plan has been established. A special initiative to provide the grass-roots community with a radio station has been launched to reach the country's farthest corners.

In addition to our own resources, the United Nations, the World Bank, the European Union and other friendly countries are supporting us in our efforts. We support all international actions, including the resolution on the United Nations Joint Programme presented by Senegal and adopted in July in Geneva. But that is not enough. In the industrialized countries, infection rates are diminishing, whereas in the African countries they are increasing.

Do we have a clear explanation for this difference? Could it be because the developing countries do not have the resources available to the developed countries for preventive action campaigns? Do the authorities of the developing countries speak directly and effectively to their populations? Are traditions more deep-rooted in Africa than elsewhere? Do women have more power in the industrialized countries? Do the populations of the poor countries have the means to protect themselves?

One of the great weaknesses of States, religions and civil societies is that they have not tackled this problem with speed, clear-sightedness, openness and transparency. AIDS is not inevitable. Let us give ourselves the means to combat it. I hope that we will leave this conference with specific action and adequate means. It is urgent to act. We must not wait, for AIDS is not waiting. AIDS is a threat to humankind and represents a heavy burden on development. There can be no progress or development for a society that is ill.

**The President**: I give the floor to His Excellency Mr. Leonid Kuchma, President of the Ukraine.

**President Kuchma** (*spoke in Ukrainian; English text provided by the delegation*): At the outset, I should like to stress the exceptional importance of this special meeting of the General Assembly on fighting HIV/AIDS. I should like to thank the Secretary-General for this very timely and useful initiative.

Two years ago, the acute need to unite our efforts to overcome this scourge brought together the representatives of all countries of the world to this very Hall. It was imperative that we act with resolve. That special session of the General Assembly, initiated by Ukraine and other countries, was a turning point in the world community's struggle against the disease. The final document, the Declaration of Commitment on HIV/AIDS, was transformed into a global plan of action in the international community's fight against the HIV/AIDS pandemic.

Today, the time has come to draw some conclusions or perhaps to renew or modify our common strategy. The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, established upon the initiative of Secretary-General Kofi Annan, has become an effective tool for implementing the integrated action plan. Ukraine is a member of the Board of the Fund. In this respect, I wish to express great appreciation for the steps taken by the Governments of the United States, the countries of the European Union — primarily France and Germany — and other donors to provide financial support for the Fund.

Mobilizing the efforts of the various strata and sectors of our societies could become a powerful driving force for progress in the fight against the AIDS pandemic. A good example in this regard is the group Transatlantic Partners Against Aids. I am talking about uniting the efforts of scholars, public advocates, non-governmental organizations and the private sector from Ukraine, Russia and the United States in overcoming HIV/AIDS in Eastern Europe.

It was in 1987 that Ukraine first encountered the problem of HIV infection. Since 1995, the spread of the disease has reached epidemic proportions. Today, over 57,000 HIV-positive people needing treatment are registered in Ukraine. According to independent experts, the total number of people infected with HIV in our country could be several times higher. Recently, a national programme on HIV prevention has been implemented in Ukraine. Measures taken have enabled us to make substantial progress in combating the spread of the disease, in particular cases of mother-to-child transmission. Here, I express appreciation for the

good work and cooperation of the United Nations Development Programme office in Ukraine, the United Nations Children's Fund and the Joint United Nations Programme on AIDS.

The implementation of that programme, however, also revealed a number of problems, particularly financial ones, but I feel sure that the provision of resources from the Global Fund and the World Bank will enable us significantly to improve the current situation. Our experience has shown that medical projects have the most difficulty in attracting donors, and yet people's lives often depend on such projects. I believe that donors' activities, demonstrating their awareness of this responsibility, deserve our thanks and encouragement. Might we not consider establishing a special international award? The Board of the Global Fund could take up and discuss this matter.

Apart from the purely medical consequences of the AIDS pandemic, another concern is the psychological aspect of the problem, manifest in the way society responds to HIV-positive people. We must work together to avoid isolating HIV-infected people from everyday social life. A top priority for us all must be protecting the social and economic rights of individuals and preventing discrimination against them.

Secretary-General Kofi Annan, speaking at the opening of the twenty-sixth special session of the General Assembly, named three major factors for overcoming the plague of the twentieth century: leadership, partnership and solidarity. In the past two years, the world has seen how true that is and has come to see this approach as the right one. Let us remember the old truism that prevention is better than cure. This is how we can finally triumph over the HIV/AIDS pandemic.

**The President**: I give the floor to His Excellency Mr. Olusegun Obasanjo, President and Commander-in-Chief of the Armed Forces of the Federal Republic of Nigeria.

**President Obasanjo**: I would like to thank the Secretary-General for convening this high-level plenary meeting on HIV/AIDS and to reaffirm Nigeria's commitment to the full implementation of the Declaration of Commitment on HIV/AIDS and its follow-up provisions. In line with the Declaration my Government has adopted far-reaching measures to combat the pandemic at all levels. We are undertaking nationwide advocacy, public enlightenment campaigns and mass mobilization aimed at deepening awareness and understanding of the disease, the prevention and control of its spread and modalities for providing care and support for those living with HIV/AIDS. To that end, my Government has established a National Action Committee on AIDS.

I should recall, that in December 2002 in Abuja, I presided over a huge public rally to commemorate World Aids Day. The theme of the occasion was the fight against stigmatization, discrimination and the violation of the human rights of those living with HIV/AIDS. We are now in the process of enacting legislation to make the stigmatization of and discrimination against victims of the disease an offence punishable by law. The legislation will also ensure that the victims of the disease can enjoy access to social services and employment on a non-discriminatory basis. In addition, we are addressing the plights of children orphaned by the disease.

As a concrete manifestation of our commitment to the global fight against the disease, we have fulfilled our pledge of $10 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria. While commending countries, organizations and foundations for their contributions to the Fund, we urge those who have yet to fulfil their pledges to do so accordingly.

In conclusion, there is an urgent need to intensify purposeful and coherent global policies and functional partnerships in the fight against the disease. Among the issues that need to be addressed internationally are the problems of inadequate resources, the dearth of technical capacity in developing countries and the high cost of antiretroviral drugs for HIV/AIDS victims. In this regard, research priorities must be adequately designed to take into account the health needs of developing countries. Additional resources must also be made available for research in the development of a vaccine against the virus.

**The President**: I compliment the President and Commander-in-Chief of the Armed Forces of the Federal Republic of Nigeria on his excellent timekeeping.

I now give the floor to His Excellency Mr. Jacques Chirac, President of the French Republic.

**President Chirac** (*spoke in French*): The spread of HIV/AIDS is no longer insuperable and inevitable. We now have the means to bring it under control. We

owe it to the victims of HIV/AIDS, to the millions of children, men and women who prematurely lost their lives, to the countless orphans and to future generations to mobilize on an exceptional scale. That is why I have come here bearing the message from France of determination, solidarity, and confidence.

I would like to pay tribute to all those men and women who devote their lives to combating the illness. I pay tribute first and foremost to the sick in their determination to fight for themselves, for their dignity and for their cure. I pay tribute to the non-profit organizations and to all those who, through their personal commitment, epitomize action and fraternity. I pay tribute to the physicians and scientists who are working tirelessly to make progress in their quest for treatment and a preventive vaccine. I pay tribute to the pharmaceutical companies, which have now grasped the ethical imperative that must govern their work. Finally, I pay tribute to the international organizations, foremost among them the Joint United Nations Programme on HIV/AIDS (UNAIDS), and to the Secretary-General, whose commitment I applaud.

The United Nations embodies a universal conscience in the fight against HIV/AIDS and political will on a global scale. In recent years, the General Assembly and the Security Council have made decisive strides through the decisions that they have taken. Those decisions are rolling back taboos, prejudice and stigma. It is now an accepted fact that the fight against HIV/AIDS is not only a health and social imperative, but a moral imperative and a vital challenge to global peace and security.

There is no longer any excuse for inaction. Today, after years of effort and struggle, not only do effective treatments exist, but they are becoming accessible at affordable prices to the poorest people. The recent decisions of the World Trade Organization (WTO) mark a breakthrough and are a source of hope. Having fought relentlessly for this outcome for years, France now intends to ensure that the decisions are respected and applied generously.

Furthermore, all Governments now agree that access to medicine is inseparable from prevention. Contrary to common prejudice, it is now an established fact that treatment is being administered as effectively in the developing countries of the South as it is in the North, provided that the proper health structures are in place.

The Global Fund to Fight AIDS, Tuberculosis and Malaria has emerged as a key instrument in the developing countries. We must provide it with the support that it needs. We must ensure its long-term funding. We are committed to ensuring that 3 million AIDS sufferers in the South will receive treatment in 2005. To that end, the Fund will require at least $3 billion annually. I hereby reaffirm the objective, advocated by France, that the European Union and the United States each provide $1 billion a year, with the other donor countries providing the remaining $1 billion, under a multi-year plan. The Paris Conference, which took place in July this year, raised half of that amount. We now need to take matters forward, and that will be one of the aims of the Fund's Board when it meets next month.

The United Nations must today declare a global health emergency in the fight against HIV/AIDS. I propose that the General Assembly devote a session to the subject each year. That would enable the Secretary-General to report on progress in the achievement of our common goals. Each country would report on its own national and international efforts, while the three international organizations — UNAIDS, WHO and the Global Fund — would report on their own efforts.

Thus united in a struggle for life, the international community will achieve a decisive victory, and give grounds for confidence in the future of humanity.

**The President**: I give the floor to His Excellency Major-General Joseph Kabila, President of the Democratic Republic of the Congo.

**President Kabila** (*spoke in French*): First, on behalf of my delegation, I would like to extend my congratulations to you, Sir, on your election to the presidency of the fifty-eighth session of the General Assembly. I would also like to take this opportunity to thank Secretary-General Mr. Kofi Annan for his important report on progress towards implementation of the Declaration of Commitment on HIV/AIDS (A/58/184), issued on 25 July 2003.

My presence here today is evidence of the importance that the leaders of the Democratic Republic of the Congo attach to this burning issue, as its consequences for the future of nations are immeasurable. Today, we all recognize that HIV/AIDS is a terrible scourge to the human race. Statistics available indicate that in most nations the principal victims of HIV/AIDS are young people, women,

mobile populations, sex workers and their customers. Those findings are supported by the data we are continuing to collect in the Democratic Republic of the Congo. In addition, our country is suffering further consequences as a result of the war to which the country was victim.

It will be recalled that the armed conflict in the Democratic Republic of the Congo brought into our land troops coming from countries in which there is a high prevalence of HIV/AIDS. The end of the fighting was welcomed by the entire international community and gave hope to the Congolese people. But the international community must not forget another war, one that is more insidious and deadly, a war in which there can be no ceasefire, negotiations or dialogue with the enemy. That enemy is the HIV/AIDS epidemic: a cause of death and poverty and an obstacle to development.

The HIV/AIDS situation in our country took on extraordinarily alarming dimensions as a result of the war. According to the reports by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the national programme to combat AIDS, in the country there are approximately 3 million people infected by HIV/AIDS and approximately 1.5 million AIDS orphans. In our territory, there is an infection rate of approximately 5 per cent in the western provinces and a rate of 20 to 22 per cent in the eastern areas, which were sorely affected by the fighting.

*Mrs. Ataeva (Turkmenistan), Vice-President, took the Chair.*

Despite that truly bleak picture, we have not sat back and done nothing. It will be recalled that in 1983 the Democratic Republic of the Congo was the first African country to recognize the existence of HIV/AIDS and to undertake an international scientific partnership for a better understanding of AIDS in Africa and the world. It also will be recalled that the Democratic Republic of the Congo made a large contribution to scientific research defining AIDS following a World Health Organization workshop held in Bangui in the Central African Republic. That definition of AIDS continues to be used today.

In accordance with our determination to step up the fight against HIV/AIDS, several important initiatives and actions have already been taken. Among those initiatives are the opening in 2002 of the national blood transfusion centre and the corresponding introduction of generic antiretroviral medicines and Nevirapine for the prevention of mother-to-child transmission of the virus.

In the post-conflict period, the Democratic Republic of the Congo must face many difficult concrete circumstances specifically related to HIV/AIDS. The following challenges are to be met: prevention, care for persons living with HIV/AIDS, care for persons infected with the virus, antiretroviral treatment, revitalization of the national healthcare system, economic recovery, the treatment of HIV/AIDS, sexually-transmitted diseases and opportunistic diseases and the prevention of mother-to-child transmission. To meet those goals, we must devote ourselves to achieving success in some fundamental domains. We must achieve reunification, pacification and the restoration of territorial integrity.

I believe that it is through partnership and broad international cooperation fully involving our local communities that we will be able to create a world free from HIV/AIDS in the decades to come.

**The Acting President** (*spoke in Russian*): I give the floor to His Excellency Mr. Abdelaziz Bouteflika, President of the People's Democratic Republic of Algeria.

**President Bouteflika** (*spoke in French*): The fact that each year the Assembly devotes a high-level debate to the issue of HIV/AIDS demonstrates the keen interest of the international community as a whole in the fight against that plague, which is a serious threat to humankind. Indeed, this debate offers us the opportunity to follow up on a regular basis the status of the implementation of the Declaration of Commitment adopted by the Assembly in June 2001 and to determine the necessary measures to give fresh impetus to our action against that global plague. The report of the Secretary-General (A/58/184) facilitates such an evaluation and helps identify the obstacles to overcome in order to attain the goals established.

Since its outbreak two decades ago, HIV/AIDS has rapidly spread over the planet. It is with deep concern that we note that its propagation has not yet been checked. It is estimated that 42 million people are living with the virus worldwide. And we know that it is especially in Africa that this epidemic has spread at a rapid pace and is particularly lethal.

HIV/AIDS, which threatens the survival of entire populations, most affects the working-age sector of the population. That further aggravates social problems, particularly through the dramatic increase in the number of orphaned children and the deterioration of the economic situation as the most affected countries experience a significant slowdown in their growth rates.

The spread of HIV/AIDS has been described by the Security Council as a threat to security because it imperils the right to life, which constitutes the cornerstone of human rights. The international community is now aware of the serious situation created by this pandemic and the urgent need to take measures to bring it under control and to mobilize the means for its eradication.

Progress has indeed been made in terms of raising awareness and mobilizing efforts to reverse the tendency of HIV/AIDS contamination to spread. However, this pandemic has reached such proportions that it necessarily requires further efforts at the national, regional and global levels.

Efforts must be boosted in the fields of prevention, financing, access to medication and coordination among the different initiatives.

Regarding prevention, the dimensions of the efforts still to be made is illustrated by the fact that prevention programmes cover no more than 20 per cent of the world population today. This means that unless much more energetic measures are taken, the number of infected people will double by 2010. It is therefore urgent to work out far-reaching prevention strategies in order to facilitate access to the various means of prevention and to develop actions for education and raising awareness.

Further efforts are also required to secure access to care and treatment for the greatest possible number of people. This problem is far more acute in Africa, as 95 per cent of patients do not receive any care or treatment. In this respect, the agreement recently reached within the World Trade Organization (WTO), under which the countries having no manufacturing capacity in the pharmaceutical sector would be allowed to import generic medicines, is likely to revive hope. For that agreement to live up to its promises, it is important that its implementation take into account the need for quick action dictated by the urgent health matters connected to AIDS, including easier administration procedures.

Nevertheless, broadening access to medical care is also connected to the need to develop the health systems so that they are more easily accessible to populations, particularly in Africa. Besides the implications in terms of infrastructure and management, the need to train medical personnel is equally crucial. That need is exacerbated by the brain-drain phenomenon, which particularly affects this sector.

The added efforts in the fields I have just mentioned require more significant financial resources both at the national and international levels. While they did not exceed 300 million dollars in 1996, the available resources to combat HIV/AIDS in developing countries have risen remarkably since the appeal launched in 2001 by the Secretary-General, Mr. Kofi Annan, for the establishment of the Global Fund to Fight AIDS, Malaria and Tuberculosis. The resources have reached 4.7 billion dollars in 2003. That amount, however, falls far short of the requirements for an efficient fight against this pandemic, which will require 7 to 10 billion dollars in 2005.

We consider the latest developments encouraging, notably the replenishment of the Global Fund and the decisions announced by the United States President and the European Union's leaders. This positive trend in fund mobilization by Governments must be enhanced, if we really want to eliminate the scourge of HIV/AIDS. I would also like to underscore the key role of the private sector and civil society in securing additional resources for the fight against AIDS, as well as the catalysing role of multisectoral partnerships.

Finally, it is necessary to ensure better coordination among the various initiatives related to fighting AIDS so as to avoid dispersing efforts and to ensure the optimal use of resources.

The careful preparation of this present meeting as well as the quality of the attendance makes me confident that our proceedings will lead to a strengthening of the world campaign so as to fully implement the Declaration of Commitment on HIV/AIDS and intensify our common struggle against a disease that threatens us all.

**The Acting President** *(spoke in Russian)*: I thank the President of the People's Democratic Republic of Algeria.

I give the floor to His Excellency Mr. Alberto Chissano, President of the Republic of Mozambique.

**Mr. Chissano**: I would like to start by expressing my deep appreciation for the opportunity to address this important gathering about one of the major world problems: HIV/AIDS. This is the right moment to assess the progress and failures registered in the implementation of the Declaration of Commitment on HIV/AIDS adopted by the General Assembly at its twenty-sixth special session.

Allow me to commend the Secretary-General for his personal devotion and commitment to the fight against the HIV/AIDS pandemic. Through a number of initiatives, he has ensured that the struggle against this disease becomes one of the major priorities of the United Nations agenda.

HIV/AIDS is an unprecedented human disaster of our era. It affects all strata of society, rich and poor, old and young. Finding a solution is a global challenge and requires a global and integrated collaboration. We are deeply concerned by the quick spread of this pandemic and its socio-economic impact in our countries.

According to UNAIDS, 42 million people worldwide are living with HIV/AIDS, seventy per cent of them in Africa. There is an increasing rate of infection and death in Africa, where young people are the most affected, particularly women. A growing number of orphans and other children are forced to abandon school, threatening future development and humanity in Africa. The number of widows is also increasing and our workforce is being drastically reduced. There is a need to empower vulnerable communities, especially women, to manage and control the risks associated with the HIV infection.

The social and economic fabric of communities is drastically affected, and HIV/AIDS is a major obstacle to attainment of the Millennium Development Goals. Integrated solutions are needed.

In Africa we are actively involved in the fight against HIV/AIDS. We are implementing multisector strategic plans with the active involvement of Governments, civil society, international partners and other stakeholders. African leaders consider HIV/AIDS an emergency. The Abuja Declaration and Plan of Action outlines an approach to address this scourge. We decided to include HIV/AIDS as a crosscutting issue for the New Partnership for Africa's Development (NEPAD) and the establishment of other initiatives such as Africa Aids Watch and the Commission on HIV/AIDS and Governance in Africa.

During the Maputo summit last July, the African leaders reaffirmed their commitment to combat HIV/AIDS with the adoption of the Maputo Declaration on HIV/AIDS and other related infectious diseases. Our priority here as we face this challenge is to reduce the mortality and morbidity associated with HIV/AIDS. We are conscious of our weaknesses, and we firmly believe we should capitalize on regional and subregional approaches for effective treatment and delivery, especially antiretroviral therapy.

Although this situation requires urgent intervention in terms of care and treatment of the infected, let us not forget that prevention continues to be the mainstay of any programme to tackle the spread of the pandemic. It is also imperative to strengthen health care services in order to insure the success of care and treatment.

We need a stronger international partnership to successfully combat HIV/AIDS in Africa, especially between the public and private sectors. In this context, we commend the growing number of initiatives to support Africa in the fight against HIV/AIDS. Those initiatives on the part of our partners contribute to the strengthening of our capacity to pursue the common goal of a world without AIDS. I would also like to commend the United Nations for the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria. I believe that timely disbursement by the Fund would help the people seriously affected by the pandemic. We therefore urge the countries and institutions that have pledged resources to the Fund to honour their commitments. We are facing a global problem that demands global action. We are all in the same boat, so let us fight together to save it from sinking.

**The Acting President** (*spoke in Russian*): I thank the President of the Republic of Mozambique.

I now call on His Excellency Mr. Pascal Couchepin, President of the Swiss Confederation.

**President Couchepin** (*spoke in French*): Switzerland congratulates the United Nations for organizing this high-level debate on the fight against

AIDS. It is essential to take stock of the implementation of the Declaration of Commitment on HIV/AIDS, which was adopted in New York in June 2001. Reaching the objectives set out in the Declaration is of great importance.

In the face of this terrible epidemic, prevention and access to care and treatment are inseparable. While the dangers of the disease concern us all, we are well aware that the ravages of the virus do not affect everyone in the same way. Above all, our thoughts are with the developing countries and their peoples, who have been the first victims of this scourge. We cannot forget that 70 per cent of people infected with the AIDS virus live in sub-Saharan Africa.

We must persevere in our efforts to make medicines more accessible to those who need it. Switzerland welcomes the compromise reached on 30 August 2003 in the World Trade Organization on this matter. It is now a question of implementing the agreement. We will apply ourselves to so doing.

An effective AIDS policy is essential to development and is directly related to the fight against poverty. Switzerland has chosen to integrate the prevention of HIV/AIDS into its development cooperation projects.

It is important that fighting AIDS takes account of realities on the ground. Countries' various health, educational and social systems have to be taken into account. A State with a health system that has too few doctors, nurses and health centres cannot work miracles, even with the best will in the world. The availability of medication and treatment is a key element in preventing AIDS in developing countries.

The Global Fund to Fight AIDS, Tuberculosis and Malaria has been called upon to play a primary role. In barely just a year, this financing institution has given us hope that perhaps we can meet the challenge. At the request of the Fund, which is headquartered in Geneva, the Swiss Government took an important decision of principle three days ago. If its partners so desire, the Global Fund will be classified as an international organization and will be granted the same privileges and immunities in Switzerland as are customarily accorded to such organizations. We took that decision because the Global Fund should have at its disposal a staff able to perform with the flexibility and efficiency necessary to respond to the urgent financial needs of countries affected by the crisis. In the case of AIDS, tuberculosis and malaria — the three diseases of poverty — it is also important that the fund be able to cooperate closely with the World Health Organization and the Joint United Nations Programme on HIV/AIDS, two organizations that are also based in Geneva. The Global Fund's Board will be officially informed of the Swiss Government's decision next month. Switzerland is pleased to be able to increase its support for the Global Fund in this way.

The international bodies fighting AIDS have established a framework within which each State can define its own strategy. We have come here today to share our experiences in fighting AIDS. Compared with other industrialized countries, Switzerland has a relatively high number of people diagnosed as having HIV or AIDS. Faced with an increase in infections, there is an imperative need to achieve consensus on our objectives. Switzerland has adopted a policy for its population based on age and situational factors that calls primarily for individual responsibility. It essentially encourages the use of condoms, the distribution of clean syringes and responsible sexual behaviour. It also calls for regular public information campaigns including open-minded messages emphasizing such values as solidarity and faithfulness in an environment marked by respect.

The scope of the disease and the rate of new infections throughout the world illustrate the fact that efforts to combat AIDS must not waver. We must continue our efforts in industrialized countries, and enhance them in countries lacking the means to combat this scourge.

**The Acting President** (*spoke in Russian*): I thank the President of the Swiss Confederation.

I now give the floor to Her Excellency Ms. Linnette Saborio, Vice-President of the Republic of Costa Rica.

**Ms. Saborio** (Costa Rica) (*spoke in Spanish*): Notwithstanding the fact that it is a developing country, Costa Rica has a very good public health record. Not having an army or the expenses that an army entails has made it possible for us in Costa Rica to devote those resources to developing a health infrastructure that is appropriate to the nation's needs and to provide universal access to the public health system. Nevertheless, like all other countries, Costa Rica was taken by surprise by this disease.

With the assistance of friendly nations and international bodies, State public health institutions, non-governmental organizations (NGOs), the private sector and other public institutions have designed and implemented various strategies to devise and fine-tune a national response to the threat posed by HIV/AIDS. That has led to the establishment of a national council to comprehensively address HIV/AIDS that includes both public and private participation; the adoption of a general law on AIDS; the establishment of a network of non-governmental organizations and the implementation of a comprehensive programme for people with HIV/AIDS.

In 1997, barely a year after its use was approved in developed countries, Costa Rica began anti-retroviral treatment for AIDS patients. That groundbreaking decision led to a qualitative change in the course of the disease, as it made it possible to increase both the life expectancy and the quality of life of patients. Today in Costa Rica antiretroviral therapy is being provided universally, free of charge.

People who engage in homosexual practices remain the most vulnerable, constituting 43.6 per cent of recorded cases, followed by the heterosexual population, with 24.9 per cent, and the bisexual population, with 15.6 per cent. Sexual practices continue to be the principal means of contagion, accounting for 94 per cent of recorded cases. These data clearly show the urgent need to promote more effective preventive measures, including, in particular, education.

We in Costa Rica are now taking various actions to respond effectively to this disease. These include: coordination of the various sectors of society, public and private, in a joint response strategy; 100 per cent screening of blood banks; the development and application of protocols for the comprehensive management of the problem and of each individual case; the design and implementation of a strategic national plan for a comprehensive approach to HIV/AIDS for the period 2001-2004; and the inclusion of the issue of a response to AIDS in the national health policy for the period 2002-2006, with an emphasis on prevention.

Those actions have enabled us to achieve a number of successes which must, indeed, be multiplied and broadened. Among those achievements are the following: the approval by the Global Fund to Fight AIDS, Tuberculosis and Malaria of the Costa Rican project for the comprehensive handling of this problem; the adoption, in the context of our national labour legislation, of a prohibition against discrimination for health reasons in work-related matters; the ongoing review, analysis and update of national statistics on HIV/AIDS, with a view to taking the best possible decisions on the implementation of strategies and the allocation of resources; the design and implementation, in the border areas, of bilateral prevention plans in the field of sexual and reproductive health; the promotion and adoption, at the Central American level, of a regional policy jointly to negotiate the prices of antiretroviral drugs; and the promotion, and participation in, the design of a Mesoamerican project for a comprehensive approach to AIDS, tuberculosis and malaria among migrant and mobile populations.

The challenges that we as a nation face include the intensification of our efforts to educate the youngest groups; the provision of universal and timely testing for pregnant women, especially among the most vulnerable and poorest groups; the incorporation of the issue of the prevention of HIV/AIDS at the primary level of public health services; the urgent need to develop protocols for dealing with and educating the most vulnerable groups, such as female sex workers; the need to fight against marginalization, discrimination and stigmatization through education and the implementation of affirmative action, such as non-discrimination for health reasons, a major achievement I mentioned earlier; the strengthening of the joint efforts of the public health services and non-governmental organizations working in this area; the drafting, publishing and broad dissemination of a protocol for the prevention and control of HIV; and, lastly, the need to make the National Council for a Comprehensive Approach of HIV/AIDS into a legal entity in order to give it greater capacity for action.

We are well aware that everyone is exposed to the risk of infection. We must be equally aware that, regardless of gender, social status or sexual preference, we all have the same right to receive protection from, and treatment for, HIV/AIDS. Blaming vulnerable groups or persons has never been an effective means of promoting prevention or of responding to the challenges posed by the disease. Taboos, stigma and isolation only lead to greater dangers, to a greater

likelihood of the spread of the disease and to reduced opportunities for treatment for those who require it.

The international community's response to this challenge must be simultaneous and cover several fronts: developing more effective therapies; overcoming prejudices and eradicating stigma; and promoting greater international solidarity that includes Governments, pharmaceutical companies, non-governmental organizations, patients' organizations and international organizations, which would lead to more effective prevention strategies and greater access to antiretroviral drugs.

Costa Rica is doing everything it can to respond to the challenge posed by the pandemic. But, as with any other issue that endangers the very existence of humankind, national efforts must be complemented by broad international alliances. My greatest hope is that this meeting will serve to consolidate and intensify those alliances in favour of life.

**The Acting President** *(spoke in Russian)*: I thank the Vice-President of the Republic of Costa Rica.

I give the floor to His Excellency Mr. Louis Michel, Deputy Prime Minister and Minister for Foreign Affairs of Belgium.

**Mr. Michel** (Belgium) (*spoke in French*): The terrible HIV/AIDS pandemic continues its progression at a frightening pace, affecting first and foremost the most deprived populations of our planet. This, of course, is a serious medical research issue, but the challenge goes far beyond that.

The social, economic and human discrimination that affects people living with AIDS also requires a strong commitment. Those 45 million people who are HIV-positive, most of whom are in Africa, suffer from more than its physical consequences. The extreme poverty in which they live prevents access to the care they need. Wars and conflicts, often rampant in these countries, delay or hinder the creation of prevention, detection and care systems. The endemic indebtedness of most of those countries only adds to the tragedy.

We have probably taken too long fully to realize the scope of the human, economic, social and even security disaster caused by this scourge. But the special session of the General Assembly in June 2001 and the Millennium Development Goals paved the way for new kinds of alliances and partnerships to confront this plague.

We wish to pay tribute to the coordination work of the Joint United Nations Programme on HIV/AIDS (UNAIDS) throughout the world. Belgium is very proud of the visionary determination of Peter Piot, who is leading that effort.

Belgium strongly supports the creation of new fund- raising mechanisms such as the Global Fund to combat AIDS, Tuberculosis and Malaria, and the World Bank's multi-country programme.

But an increase in resources does not in itself guarantee success. It must be coupled with guaranties of sustainability. We wish therefore to plead for consistency in terms of the initiatives and for unity and practicability in the strategies we develop to combat this phenomenon. To overload the countries concerned with burdensome and penalizing access procedures would be counterproductive. We believe also that social and medical care must receive the same emphasis as the preventive approach. Belgium strongly supported the initiatives taken in the framework of the World Trade Organization regarding essential and generic drugs, and access to antiretroviral drugs must immediately be guaranteed.

At the Millennium Summit in September 2000, the Belgian Government decided to allocate 10 million euros to combat AIDS. Between 1990 and 2003, the resources mobilized to fight against AIDS have quintupled, thanks to the actions taken by the Belgian Government, our regional entities and the private sector. As far as partnership with the private sector is concerned, my country is ready to share with the international community the expertise acquired by that sector, not only from the perspective of research on new products for prevention and treatment, but also in the fight against discrimination and stigmatization.

We know that AIDS can be vanquished only if poverty recedes. That is one more reason to give absolute priority to debt relief for the poorest countries. I find it hard to understand and to accept that the issue of debt still has not been solved in spite of the many declarations of position and statements that have been made in favour of a solution.

The present state of the epidemic, and more specifically the impact of social factors on its spread, requires multiple responses and strategies. Actions have to be taken simultaneously towards prevention, particularly through education; towards the fight against stigmatization through interventions in the

social and political fields; and finally towards the strengthening of global care and therapeutic support programmes. In any case, satisfactory results can be obtained only if there is strong political commitment at the highest national level.

It might be useful to mention the Belgian initiative in the framework of the International Partnership against AIDS in Africa. That programme is integrated with existing operations and relies on non-governmental organizations (NGOs), communities, organizations of persons living with HIV/AIDS and basic health structures. It provides standard medication kits intended for care at home for those affected by HIV/AIDS. It is being implemented in some African countries in collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization and the pharmaceutical industry. Its object is to allow individuals and communities to gain access, at low cost, to basic medication intended to treat the symptoms most frequently associated with the disease.

Also with a view to improving access to high-quality basic care, Belgium has financed micro-finance and health insurance support at the local level, in addition to its cooperation programmes with its partner countries.

Our new Government confirms its commitment to strengthen its policy of cooperation with the countries that are most affected. That policy will be based on the goals that have been established internationally, such as those defined in the United Nations Millennium Declaration, the conclusions of the Johannesburg and Monterrey Conferences and the guidelines of the Development Assistance Committee of the Organisation for Economic Cooperation and Development.

**The Acting President** (*spoke in Russian*): I thank the Deputy Prime Minister and Foreign Minister of Belgium for his statement.

I call now on Her Excellency Ms. Lydie Polfer, Deputy Prime Minister and Minister for Foreign Affairs of Luxembourg.

**Ms. Polfer** (Luxembourg) (*spoke in French*): I wish first of all to commend the Secretary-General for his report, which has given us a good overview of the many advances made throughout the world since the 2001 Declaration of Commitment on HIV/AIDS.

The presidency of the European Union will soon be reporting on the efforts made by the European Union and on its programme of action, which Luxembourg completely supports. I am delighted that the contribution of the European Union to the Global Fund to Fight AIDS, Tuberculosis and Malaria represents 55 per cent of total contributions to the Fund.

Have we made sufficient efforts in the past two years to fight effectively against this scourge and the devastation it causes? The world situation, unfortunately, shows us that, no, our efforts are not yet enough. The resources available, unfortunately, fall far short of the needs. But our efforts, nonetheless, have been considerable. The AIDS pandemic represents a challenge of unparalleled intensity, and our response tries to meet that challenge. Evidence of this is the many initiatives that have emerged, especially the amounts — insufficient but nonetheless considerable — that have been allocated to the Global Fund.

Let us not forget in this context that other diseases, including tuberculosis and malaria, continue to be responsible for millions of deaths in the world. Today, considerable public funds are allocated to the fight against AIDS. Nonetheless, given the immensity and the complexity of the problem, new partnerships must be created and must supplement our efforts.

Creative and innovative initiatives must be encouraged to make it possible to scale up the response to HIV/AIDS at the national level. In that context, may I mention in particular the ESTHER initiative, launched by France and joined thus far by Luxembourg, Spain and Italy. The aim is to create in the developing countries the necessary conditions and structures to effectively provide care for AIDS patients in order to ensure access to treatment in an integrated and efficient way. For that purpose, the ESTHER initiative promotes and supports the twinning of hospitals in the North with health structures in the South for an exchange of knowledge, making it possible for beneficiaries to best coordinate how they treat their patients. Today, thanks to a Luxembourg project, patients have already begun treatment in the Kigali hospital in Rwanda.

I encourage all countries who wish to do so to join the ESTHER network. It is an innovative approach which will make it possible for patients in the poorest

countries to have the same opportunities and the same hopes as those in the richer countries.

Access to treatment for developing countries is crucial. We cannot continue to accept a situation in which only 5 per cent of persons who could be treated have access to treatment and in which the majority of those who have such access live in our industrialized countries. This is why the conclusion of an agreement that allows access to generic medications is, in our opinion, an important step forward.

Luxembourg has made many efforts since the 2001 Declaration. We foresee the allocation of growing resources to the ESTHER initiative and we are contributing 1 million euros a year to the Global Fund. Our contribution to the Joint United Nations Programme on HIV/AIDS (UNAIDS) is also constantly on the increase and we are supporting various bilateral projects in the struggle against AIDS. All in all, Luxembourg set aside in 2002 almost 3 per cent of all its official development assistance to the fight against AIDS through projects and contributions to various United Nations agencies. We hope to increase this percentage in the future.

If all the industrialized countries were to join the still too small group of countries that give more than 0.7 per cent of their gross national product in official development assistance — and Luxembourg is a member of that group — then significant additional resources could be mobilized for the fight against AIDS.

At the national level, Luxembourg is continuing its efforts to further improve the attention and care given to AIDS patients. It is important in all countries of the world to continue the fight against the silence and discrimination that surround this grave problem and to ensure the full and complete respect for the human rights of the persons infected by this disease.

Luxembourg is gratified by the continued commitment of the United Nations and the international community to populations facing the scourge of HIV/AIDS, and we approve the recommendations proposed in the report of the Secretary-General. Our meeting today is a success in itself, and it is all the more important since continued high-level political involvement remains absolutely indispensable. After this first stage today we must continue our efforts towards the full implementation of all the objectives that we set for ourselves in the 2001 Declaration of Commitment.

**The Acting President** (*spoke in Russian*): I thank the Deputy Prime Minister and Minister for Foreign Affairs of Luxembourg for her statement.

I give the floor to the Second Deputy Prime Minister and Minister for Foreign Affairs of Uganda, His Excellency The Honourable James Wapakhabulo.

**Mr. Wapakhabulo** (Uganda): I wish to commend the United Nations for its continued commitment to combat HIV/AIDS. Uganda's experience and that of other parts of the world have shown that HIV/AIDS is a pandemic which reflects a complex mix of cultural, social, economic, political and security issues.

This pandemic cannot, therefore, be addressed under public health strategies alone. It requires a multisectoral approach and the active involvement of the various stakeholders.

Since the disease was first diagnosed in 1982, the mode and the extent of the HIV/AIDS epidemic in Uganda have undergone the following four distinct evolutionary phases.

The epidemic was originally limited to a certain segment of the population referred to as high-risk groups. These included commercial sex workers, mobile groups such as truck drivers, the military and young people with multiple sex partners. Then the epidemic spread to the business community in general and to small urban centres.

The epidemic then diffused into rural areas, resulting in high seroprevalence rates among the general population.

Finally, declining prevalence trends were observed at major sentinel surveillance sites beginning in the mid-1990s.

The targets of the special session of the General Assembly are to achieve, by 2005, a 25 per cent reduction among young people, 15 to 24 years of age, who are infected with HIV in most affected countries; and to reduce by 20 per cent infected infants born to HIV-infected mothers. In Uganda, the overall antenatal HIV prevalence rate in 2001 was 6.5 per cent. The seroprevalence rates among antenatal attendees aged 15 to 24 years of age were estimated at 5 to 6 per cent by the end of 2002, having declined from 18.5 per cent in 1993. The overall HIV prevalence rate among children

was 1.4 per cent, and there has been a significant increase in HIV-positive pregnant women receiving antiretroviral therapy for prevention of mother-to-child transmission.

As of the last country report of the special session of the General Assembly, of March 2003, Uganda had a national composite policy index of 75 out of 100 points. That reflects increased national commitment to combating HIV/AIDS in a number of critical areas.

First, Uganda has substantially increased financial commitment to HIV and has designed a resource-tracking database system for resources from external sources for different themes in the national strategic framework, as recommended by the special session of the General Assembly.

Secondly, Uganda has opted for a multisectoral approach to combating HIV and to ensuring that HIV/AIDS programmes are mainstreamed into the national strategic planning documents, including the National Poverty Eradication Action Plan, which is the country's comprehensive development framework. Uganda is in the process of finalizing an overarching AIDS policy, focusing on a harmonized national policy and a regulatory framework for all stakeholders.

Uganda has established a strong HIV/AIDS partnership based on self-coordinating entities, including central government ministries, local governments, the private sector and civil society organizations.

Finally, Uganda has developed a comprehensive HIV/AIDS care strategy based on counselling, including voluntary counselling and testing, prevention of mother-to-child transmission and clinical management comprised of treatment of opportunistic infections, antiretroviral therapy, palliative care, paediatric care and chemo-prophylaxis.

As a follow-up to indicators of the special session of the General Assembly, Uganda has taken a number of measures in the critical areas relating to prevention and behaviour change, care and treatment, research, and monitoring and evaluation.

Uganda has made very limited progress in the following statistics. Over 20 per cent of sexually transmitted diseases are diagnosed, treated and counselled, and 6.3 per cent of people with advanced HIV disease are accessing antiretroviral combination therapy. While centres providing antiretroviral therapy in Uganda increased from 7 per cent to 23 per cent in two years, only an estimated 10,000 people out of 158,000 are able to access antiretroviral therapy. Over 61.9 per cent of the men and 44.2 per cent of the women use condoms.

Under the national strategic framework on HIV/AIDS, Uganda has taken the following measures in order to monitor and evaluate the national response: the establishment of the Monitoring and Evaluation Unit; the Uganda AIDS Commission; the establishment of a Monitoring and Evaluation Sub-Committee on HIV, composed of the representatives of all stakeholders; the development of a Monitoring and Evaluation Framework, including refining national indicators on HIV, developing district and sector level indicators and a resource-tracking data base; and the mapping out of strategies for data collection and utilization at source to inform planning.

We still face a few challenges, such as limited progress in meeting the targets of a number of indicators, especially in the treatment and care of HIV/AIDS patients and access to antiretroviral therapy and antiretroviral drugs for the prevention of mother-to-child transmission; in the large numbers of orphans due to the HIV/AIDS, pandemic who take on parental roles for which they are not yet equipped; and in the large funding gap that exists in the implementation of our national strategies.

In addition to that, we suffer from terrorist activity and the abduction of children in the northern part of Uganda, which make it difficult for the affected population to access HIV/AIDS awareness campaigns.

We also face the challenge of maintaining a high level of awareness among the younger generation, although head teachers are now required by Presidential Order to read a common message to school assemblies once every fortnight.

Finally, I must point out that my country continues to require strong support from the international community in the following areas: adequate resources for effective implementation of the national strategic framework; the immediate relaxation of patent laws to allow Uganda or Africa-based companies to manufacture cheaper generic antiretroviral drugs; and, finally, efforts to end the external support of terrorism in northern Uganda so that national programmes for AIDS awareness, care

and treatment can be extended to the affected population.

**The Acting President** (*spoke in Russian*): I thank the Second Deputy Prime Minister and Minister for Foreign Affairs of Uganda.

I give the floor to His Excellency Mr. Franco Frattini, Minister for Foreign Affairs of Italy, who will speak on behalf of the European Union.

**Mr. Frattini** (Italy): I will read, on behalf of the European Union, a shorter version of the complete text, which is being formally circulated.

We are here today to review and address the problem of AIDS in all its aspects, reaffirm our global commitment and call on all countries to strengthen partnership and coordination, in order to fight AIDS and make progress towards the Millennium Development Goals in general. Today we have the common awareness that the international community has the responsibility not to miss yet again the goal of help for all.

The tragic toll in AIDS victims, particularly among the poorest and most afflicted, demands a global response. We insist on the term "global" because the globalization process must be interpreted and governed, above all, within a perspective of collaboration with the poorest countries.

Strong political leadership is essential to the success of the fight against AIDS. The European Union recognizes the commitment of many leaders here today, particularly in Africa. However, a strong political engagement is still required, including in countries where the disease is rapidly spreading. Preventing AIDS from spreading is difficult but possible. Some countries have proved this by slowing, or even reversing, the growth of the epidemic.

The European Union defined its policies on AIDS in the conclusions of the European Union Council in May 2001. The same policies were further stipulated in the European Union regulation on poverty diseases adopted in June 2003. European Union member States collectively committed themselves to raise the official development assistance level to 0.39 per cent of the gross national income by 2006 as a first step towards the United Nations goal of 0.7 per cent.

In this context, we recognize that an efficient and effective health care system accessible to all is an absolute priority. The European Union recognizes the importance of assuring, at the level of single countries, a process of broad sector-by-sector planning in which public and private partners work together, assuring strong coordination between bilateral and multilateral donors as well as between United Nations agencies. With the full support of member States and the European Parliament, the European Commission has worked to adopt a regulation to allocate an extra 351 million euros to the European Union action programme for four years. The European Commission has allocated more than 1 billion additional euros to the action programme to date.

The European Union is pursuing every possible option for improving the availability and reliability of drugs to combat HIV/AIDS. This includes more research and development, lowering prices and supporting local manufacture of drugs, especially antiretroviral treatments in the poorest countries. The new European Union legislation seeks to prevent the re-importation of reduced-price drugs into Europe and therefore to encourage the pharmaceutical industry to get involved.

The European Union reaffirms the urgent need to mobilize international private and public resources for the Global Fund and other channels addressing HIV/AIDS, tuberculosis and malaria, on a long-term, sustainable and predictable basis. The European Union contributed $462 million to the Global Fund in 2001-2002. The pledge for 2003 is $233 million. For 2004, it is $96.9 million. Moreover, the European Union acknowledges the essential role of the United Nations system in general and UNAIDS in particular. A strong Fund requires a strong United Nations. The roles of the Global Fund and the United Nations system are complementary.

As outlined in the European Council conclusions in Thessaloniki, the European Union calls upon each member State and the Commission to make a substantial contribution, on a long-term basis, to the financing of the Fund, which currently amounts to $2.5 billion. In light of the seriousness of the situation, the European Union encourages other donors to do the same.

**The Acting President** (*spoke in Russian*): I give the floor to His Excellency Mr. Phil Goff, Minister for Foreign Affairs and Trade of New Zealand, speaking on behalf of the Pacific Islands Forum.

**Mr. Goff** (New Zealand): As Chair of the Pacific Islands Forum, I have the honour to speak on behalf of the members represented at the United Nations, namely: Australia, Kiribati, Republic of the Marshall Islands, Fiji, Federated States of Micronesia, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu and my own country, New Zealand.

With 42 million people suffering from its effects, it is hard to think of a greater threat to international well-being on the United Nations agenda than HIV/AIDS.

Today our task is to consider how far we have come in meeting the commitments made two years ago, and how far we still have to go.

With little evidence of reducing infection rates and indications that the global rate of infection could actually accelerate as the epidemic expands into the Asia-Pacific and Eastern Europe, we must give more attention to combating HIV/AIDS.

At last month's Pacific Islands Forum meeting in Auckland, Forum leaders expressed serious concern over the developmental threat that HIV/AIDS presents to our region. They affirmed that strong Government leadership and commitment to implementing national HIV/AIDS strategies are key in combating the HIV/AIDS pandemic.

Global efforts so far, however, have fallen short of what is needed. International resource commitments this year, as the Secretary-General reminded us this morning, are less than half the $10.5 billion estimated to be required annually to address the epidemic adequately, and in critical areas leadership to properly implement HIV/AIDS strategies is still lacking.

HIV/AIDS is a human rights issue. Women and girls often disproportionately bear the burden of HIV/AIDS. We must pay special attention to vulnerable groups, including adolescents and AIDS orphans, for whom the virus has been particularly devastating. We must provide them with a decent future.

We must also work to prevent stigmatization of and discrimination against those living with HIV/AIDS and groups at increased risk of infection. More must be done to implement anti-discrimination policies outlined in the Declaration. To beat this disease we must empower those living with it and also groups at heightened risk from HIV/AIDS infection. In New Zealand, we have found that the involvement of those with HIV/AIDS and those at higher risk in prevention, education and awareness programmes has had great success.

HIV/AIDS does not stop at national borders. By its very nature it needs an international response. As Chair of the Pacific Islands Forum, New Zealand welcomes the proactive regional approach taken by Pacific Island countries to address the sharp increase in HIV/AIDS infection rates in the Pacific region. Working together, 11 Pacific Island countries recently submitted a successful bid to the Global Fund on HIV/AIDS, Tuberculosis and Malaria for a $6 million regional programme on HIV/AIDS. This, and a number of regional initiatives under way, will be important measures in stepping up the response to HIV/AIDS in the Pacific Island region.

We have seen an increase in resources being contributed to HIV/AIDS, including by national Governments and bilateral donors, and through the establishment of the Global Trust Fund. But a substantial shortfall remains. We must continue to ensure that there are adequate resources for the fight against HIV/AIDS.

Pacific Islands Forum members welcome the recent agreement by World Trade Organization countries to help developing countries to gain access to affordable drugs to fight serious public health problems, including HIV/AIDS. That not only is a breakthrough in the care and treatment of those infected with the virus, but is also an important part of its control. Moreover, the decision demonstrates the importance of partnerships among the private sector, civil society, Governments, donors and multilateral institutions.

But the buck stops here, with us. At the end of the day, the key to beating this disease is political leadership. By being here today, we have all reinforced the messages contained in the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex). Some of the initiatives required will not be easy to achieve. It is up to us — the politicians, the leaders — to make good on our commitments to make the world a safer and healthier place today and for generations to come.

**The Acting President** (*spoke in Russian*): I thank His Excellency Mr. Phil Goff, Minister for Foreign Affairs and Trade of New Zealand.

I give the floor to His Excellency Dr. Jan Peter Balkenende, Prime Minister of the Kingdom of the Netherlands.

**Mr. Balkenende** (Netherlands): Two years after the special session on HIV/AIDS, the epidemic is still spreading like wildfire all over the world. Ten people are infected each minute, nine of them in developing countries. Our commitment to the struggle against HIV/AIDS is needed more than ever, and nobody can have a free ride. It must be a top priority for us all: nationally and internationally, in business, Government and society. Discussing lessons learned today is important, but more important is what we do tomorrow; our actions will speak louder than words.

And action is desperately needed. This is not merely a fight against a disease; it is a war with many fronts. It is a war against poverty, against ignorance and against social exclusion, a war in favour of the empowerment of women. The epidemic can be contained only through a comprehensive and multisectoral response.

Our response should also be based on a global partnership. The containment of severe acute respiratory syndrome (SARS) has demonstrated the importance and the effectiveness of international cooperation and coordination. Multilateralism works. The threat we face transcends borders, and we must do the same. The United Nations is the only Organization that knows no borders. It can thus provide its Member States with a platform for worldwide compassion and cooperation. Leadership in the war against HIV/AIDS should emanate from this platform, from this very room. In the words of Faye Wattleton, the only safe ship in a storm is leadership.

I should like to stress two points in particular. First of all, the Netherlands is doing its fair share to fight HIV/AIDS, and we shall continue, in close partnership with all stakeholders — especially the business sector and civil society. We are the second-largest donor to the United Nations Joint Programme on HIV/AIDS (UNAIDS), which does excellent work. It plays a crucial and catalytic role in the United Nations system and beyond. The Netherlands believes that respect for human rights — especially the rights of women — should fuel the fight against HIV/AIDS.

We have been fighting the disease successfully in our own country since 1985, and we have learned that it takes a three-part strategy to win. The first element is acknowledging the problem and bringing it out in the open. The second is providing clear and evidence-based information about HIV/AIDS and safe sex. And the third is working with those who are vulnerable — homosexuals, sex workers, drug users, immigrants, young people and people living with HIV/AIDS — as well as with civil society. Those three elements have for many years formed the heart of an effective national strategy — a strategy emphasizing prevention but including care and treatment. Of course, there is still no room for complacency.

Recently, we decided to intensify our international HIV/AIDS policy, with a special emphasis on Africa. Our aim is to increase local capacity and political commitment in affected countries, while reducing the stigma of HIV/AIDS and addressing gender inequality. Another essential building block is cooperation with other donors. For instance, not long ago, the United States and the Netherlands agreed to cooperate on HIV/AIDS prevention, treatment and care at the country level, starting in Rwanda and Ghana.

The second point I want to stress is that the overarching framework of our policy is the international consensus on development established at United Nations summits. One summit that deserves special mention is the International Conference on Population and Development, held at Cairo in 1994. In our focus on HIV/AIDS, we should not forget the importance of sexual and reproductive health and rights, including services. We must also consider the rights of women, who are especially vulnerable to HIV/AIDS.

Rational and realistic policies, based on science rather than on prejudice, have produced glimmers of hope. The window of opportunity is still open. But it is closing fast, so we must shoulder our responsibilities to one another. To quote the English philosopher and politician Edmund Burke, "The only thing necessary for the triumph of evil is for good men to do nothing." So let us — as good men and good, empowered women — deliver on our commitments.

**The Acting President** (*spoke in Russian*): I thank His Excellency Dr. Jan Peter Balkenende, Prime Minister and Minister for General Affairs of the Kingdom of the Netherlands.

I give the floor to His Excellency Mr. Jean Ping, Minister for Foreign Affairs, Cooperation and Francophonie of Gabon.

**Mr. Ping** (Gabon) (*spoke in French*): I have the honour to read out the message that His Excellency El Hadj Omar Bongo, President of the Gabonese Republic — who was prevented from attending — entrusted me with conveying to the Assembly.

"Mr. President, I should like at the outset to express to you the congratulations of my country, Gabon, on your election to the presidency of the General Assembly at its current session, during which major issues — including HIV/AIDS, the subject of this high-level meeting — will be considered.

"As the Assembly is aware, more than 37 million persons in the world are living with the AIDS virus today. That figure makes clear to us the tragedy that this disease represents for the world in general and for sub-Saharan Africa in particular, where nearly 70 per cent of all infected persons live.

"Although the epidemiological situation of HIV/AIDS in Gabon is not yet considered very alarming, it nevertheless remains worrisome, given the country's small population.

"Aware of the social tragedy that this disease could cause in Gabon, the Government has made the fight against HIV/AIDS a public-health priority. Our plan of action focuses on strengthening the capacities of our institutions — particularly the national anti-AIDS programme — and on consolidating non-governmental associations and organizations to ensure better coordination, mobilization and management of resources.

"The Government's preventive action to combat this pandemic is supported by the personal involvement of the First Lady of Gabon, Mrs. Edith Lucie Bongo, who is Chairperson of the Organization of First Ladies of Africa Against HIV/AIDS. Our Government, together with United Nations funds and programmes, the Technical Committee of the Organization of First Ladies of Africa Against HIV/AIDS, other non-governmental organizations and the private sector have organized many public-awareness campaigns — including in schools and prisons — meetings, conferences, roundtables and radio and television broadcasts.

"On treatment and care of the sick, I decided two years ago to establish a national solidarity fund with an annual budget of 1 billion CFA francs. This fund has helped us to care for the sick and to cut the cost of antiretroviral treatment by 80 per cent so as to make it available to the poor. Moreover, with the help of the French Red Cross, we have set up five outpatient treatment centres and hope by 2005 to expand their number throughout our national territory.

"HIV/AIDS is a real development problem. In Gabon, its spread threatens to wipe out much of our active population of young people. In order to make sustainable and lasting the progress we have achieved in combating HIV/AIDS, we have decided to integrate all our treatment programmes into our general health and social sectors, thereby strengthening our health system. In this regard, we appreciate the technical and financial support provided by the international community in the implementation of various action programmes on HIV/AIDS.

"Despite all these efforts, available resources are far from adequate to our ever-growing needs. The mobilization of additional resources to step up our work against HIV/AIDS is hampered by the very heavy burden of our national debt, the repayment of which absorbs about half of our national budget. We would therefore call for greater international solidarity to support as us we struggle against this pandemic. In this connection, we welcome the announcement made by the European Union and the United States of America at the Evian summit in June that they would provide, respectively, €150 million and $15 billion to combat HIV/AIDS in Africa.

"In the context of this solidarity, we also note the agreement recently concluded in the World Trade Organization on generic drugs. We trust, however, that the procedures and conditions for implementing that agreement will be simplified so as to enable all developing countries to have access to the medical drugs.

"HIV/AIDS is planetary in scope and we must all unite today to eradicate the pandemic, which threatens the very survival of the human race."

That is the message which President Omar Bongo asked me to deliver.

**The Acting President** (*spoke in Russian*): I call on His Excellency, the Honourable Jakaya Mrisho Kikwete, Minister for Foreign Affairs and International Cooperation of the United Republic of Tanzania.

**Mr. Kikwete** (Tanzania): In his address to the General Assembly special session on HIV/AIDS in June 2001, the President of the United Republic of Tanzania, Mr. Benjamin William Mkapa, acknowledged that the primary responsibility in the war on HIV/AIDS rests with each country and that our national Governments will take leadership, assume ownership and increase the HIV/AIDS budget. He reaffirmed his Government's commitment to, among other things, raising awareness and shunning all cultural inhibitions; reducing and eliminating stigmatization and discrimination; providing treatment, care and support to the victims; and mainstreaming HIV/AIDS into all our development programmes, including poverty reduction strategies.

The fight against HIV/AIDS has been accorded strong political commitment at the highest level in my country. A National AIDS Commission has been established to spearhead the well-coordinated national multisectoral responses. In May this year, the National Multisectoral Strategic Framework on HIV/AIDS was launched. The framework, which defines, directs and coordinates the national response, was developed with the full participation of broad-based stakeholders, including the public and private sectors, civil society and labour unions. Our National Policy on HIV/AIDS is designed in such a manner that the expectations of the Millennium Development Goals and the Declaration of Commitment on HIV/AIDS are properly taken into account.

The Tanzanian Government is highly appreciative of the confidence and support demonstrated by our development partners in our endeavours. Whilst we underscore and applaud international support for our efforts, Tanzania strongly believes that a well-coordinated regional response is critical to the fight against the AIDS pandemic. It is in this spirit, therefore, that Tanzania is among the 14 Southern African Development Community (SADC) countries that reaffirmed our commitment to intensifying the fight against the HIV/AIDS pandemic in the SADC region at the Maseru Summit. Tanzania is also a member of the Great Lakes Initiative on AIDS that is focusing on control of the pandemic within the member States and across their borders.

With regard to care, support and treatment, our Government, in collaboration with our development partners, has finalized the Second Health Sector Strategic Plan and the Health Sector HIV/AIDS Strategy for Tanzania. A draft business plan for HIV/AIDS care and treatment for people living with HIV/AIDS has been developed in collaboration with the William Jefferson Clinton Foundation. The plan aims to provide antiretroviral treatment to people living with HIV/AIDS. Assistance is also expected from the World Bank-supported Tanzania Multisectoral AIDS Project, the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria and the United States President's Emergency Plan for AIDS Relief. We continue to encourage other partners to join in the support of these initiatives.

Stigmatization of and discrimination against people living with HIV/AIDS remain a problem despite efforts to sensitize society against doing that. Besides continued sensitization, the Government is reviewing legislation and regulations to deal with this problem. Efforts are also ongoing to mainstream a gender perspective in all programmes and policies.

While we have achieved modest progress in raising the awareness of people and society on HIV/AIDS, behavioural change is still slow. Consequently, AIDS infection is still a problem and, at an 8-per-cent infection rate, it remains a threat which requires all of us to do much more.

I want to conclude by giving assurance to this body that Tanzania is committed to and firmly rooted in this historic fight against the HIV/AIDS pandemic. I dare say so because there are — in the President, his entire Government, as well as retired national leaders and the civil society — the requisite leadership, political will and resolve to continue the fight against this scourge. Indeed, some initiatives have been taken. Notable gains have been made, but formidable challenges still remain.

I believe, as many of my compatriots do, that it is through our unity of purpose and solidarity in action

that we will be able to fight this war and win. All of us, as peoples, nations, regions, continents, Governments and institutions, are indivisible stakeholders. All must therefore work together in solidarity and mutual support. It can be done if we all play our part.

**The Acting President**: I give the floor to His Excellency Mr. Julio Frenk, Minister of Health of Mexico.

**Mr. Frenk** (Mexico) (*spoke in Spanish*): Mexico's national AIDS policy is based on the principles of prevention, comprehensive medical care, respect for human rights and the active participation of society.

Mexico has one of the lowest rates of HIV/AIDS infection on the American continent. Furthermore, we have succeeded in preventing its spread to the population at large. This is the result not of chance, but of a preventive strategy adopted by our country since the beginning of the epidemic. A timely and effective response to the problem has allowed for important advances, such as the elimination of the spread of the virus through blood transfusions. Furthermore, we are very close to eliminating cases of perinatal transmission.

Mexico recently made two very important legislative changes. First, a few months ago the Congress undertook a profound structural reform that included the establishment of a system of universal public health insurance. Among its other benefits, such insurance will make it possible to provide financial protection for people with HIV/AIDS against the catastrophic expenses that they used to incur, as well as guarantee them comprehensive care. In 2003, free access to antiretroviral medication will be made available for anybody living with HIV/AIDS — a goal that had originally been set for 2006. The main objective is to ensure that medication, as well as comprehensive services, are of uniformly high quality.

Secondly, the Congress passed a constitutional amendment and promulgated a specific law prohibiting all forms of discrimination, including discrimination related to sexual orientation and health conditions in general and, in particular, discrimination against those living with HIV/AIDS.

As part of our strategy of third-generation monitoring based on specific indicators to evaluate progress in the area of anti-discrimination and in favour of human rights, in 2003 a survey on stigma and discrimination associated with HIV/AIDS was undertaken in our country. In addition to raising the awareness of the general population through the communications media, in the coming years we well step up our preventive strategies aimed at men who have sex with men, intravenous drug users and men and women working in the sex trade. This will all be carried out in close cooperation with civil society organizations.

I would like to acknowledge the enthusiastic and constructive participation of civil society and of people living with HIV/AIDS in the design and implementation of public policies on this subject. We will continue to provide resolute support for the creation in our country and in the rest of Latin America of task forces to promote the adoption of public policies of prevention for men who have sex with men.

At the international level, Mexico has played an active role in the fight against AIDS. We would like to highlight the fact that, together with nine Latin American countries, we took part in the recent negotiations that led to a substantial reduction in the cost of medication and of laboratory testing. On the basis of the recent World Trade Organization (WTO) agreements, Mexico will promote the production of high-quality generic drugs for the benefit of the people who need them in less developed countries.

Mexico is now entering a new phase in the fight against the epidemic. While recent legal reforms and policies that have been implemented have created the conditions necessary to ensure an effective response in the areas of prevention and comprehensive care, it will be necessary to continue to support efforts aimed at forcefully combating and eliminating any stigma, discrimination or violation of human rights affecting people with HIV/AIDS and other vulnerable groups. The Mexican Government will strengthen such actions that ensure progress in those areas and consolidate the achievements already made.

Mexico is convinced of the importance of regional and international cooperation, and in this context we would like to make available our own public and private institutions for human resource training in the area of health, to share our accumulated experience and to provide technical advice in the design of indicators that allow us to evaluate both the impact of the epidemic and the global response to it.

Mexico will keep its doors open to the whole world, allowing free entry to and exit from our country without any form of discrimination. We are ready to play our part in a responsible manner in the global fight against HIV/AIDS, which is also a fight in favour of development, peace and human dignity.

**The Acting President** (*spoke in Russian*): I now give the floor to His Excellency Mr. Alexander Downer, Minister for Foreign Affairs of Australia.

**Mr. Downer** (Australia): In June 2001, the Declaration of Commitment on HIV/AIDS by 189 countries was a turning point in the global response to the epidemic. We now have a blueprint for action, with clear goals and a clear time line. Today we need to take stock of what we have achieved and renew our commitment to tackle this devastating epidemic.

The Secretary-General's annual follow-up report on the Declaration of Commitment on HIV/AIDS has described once again the scope of the challenges we all face. There is no doubt that HIV/AIDS continues to tear at the fabric of society and threatens the economic development of entire countries and continents — especially Africa. But there is hope. The Governments of some of the most affected countries, such as Uganda, Senegal and Brazil, have already demonstrated that a comprehensive approach to fighting this global killer can make a difference.

In Australia, two decades of a nationally coordinated response to HIV/AIDS have made real inroads into the epidemic. Our infection rates are now relatively low — about one person in every 1,500 is living with HIV/AIDS. The Government, affected communities and the medical, scientific and health professions are working together to tackle the cause of the disease, prevent its spread, care for those who live with it and engage with the groups that are most at risk.

Of course no country — not even Australia — is an island in the fight against HIV/AIDS. The problem is transnational — the virus knows no national boundaries — and it requires an international response.

Australia is at the forefront of efforts to contain HIV/AIDS in its own region. Our concern is that the Asia-Pacific region could become another epicentre of the epidemic — one to rival Africa. There are now more than 7.2 million people living with HIV/AIDS in the Asia-Pacific region, and about 3,000 people are newly infected with HIV every day. Even small-island countries of the South Pacific are confronting HIV/AIDS. In Papua New Guinea, AIDS and related diseases are now the leading cause of death in the Port Moresby general hospital.

Australia has worked hard to forge a regional consensus and solutions to HIV/AIDS. Two years ago, I hosted a regional ministerial meeting in Melbourne, at which ministers agreed on the need to develop strategies to fight HIV/AIDS. They have since identified practical steps for action and have begun to establish partnerships, including the Asia Pacific Leadership Forum on HIV/AIDS and Development.

In 2000, Australia embarked on a six-year, $200 million Global AIDS Initiative. So far, we have spent around $85 million on activities aimed at reducing HIV infections. We are now a leading donor in East Asia and the Pacific in terms of commitment and expenditure. Next year we will review our HIV/AIDS and development policy to take into account shifts in the nature of the epidemic and its impact.

Clearly, access to treatment will continue to be a central issue in all HIV/AIDS programmes. In developing countries, millions of people living with AIDS require immediate drug treatment, yet only about 1 per cent can afford the antiretroviral drugs that can extend their life for many years.

That is why Australia welcomed the breakthrough agreement achieved last month in the World Trade Organization talks on enabling access by the poorer countries to affordable pharmaceuticals. It is a life-saving agreement that gives real hope to the millions who need help now.

The challenges in the fight against HIV/AIDS are formidable, but the opportunities have never been greater. Real advance is possible. We must continue to work to build momentum in the global response to the HIV/AIDS pandemic. Leadership is vital — leadership from Governments, international organizations, the private sector and civil society. Without leadership the fight against HIV/AIDS cannot be won.

Today Australia reaffirms its support for the priorities for action of the Declaration of Commitment on HIV/AIDS. And we renew our pledge to work with all concerned — including the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its partners in the United Nations system — in meeting one of the most important challenges of the twenty-first century.

**The Acting President** (*spoke in Russian*): I give the floor to His Excellency Mr. Kassymzhomart Tokaev, Minister for Foreign Affairs of the Republic of Kazakhstan.

**Mr. Tokaev** (Kazakhstan): First of all, I would like to extend my appreciation to the Secretary-General for convening this event of historic importance and to extend my congratulations to the President of the General Assembly on his unanimous election to that high post.

There is no doubt that the HIV/AIDS problem has become a challenge affecting not only the health but also the security of many countries in the world. Therefore, properly solving this problem requires a comprehensive and coordinated approach by the international community. The United Nations Millennium Declaration and the 2001 Declaration of Commitment on HIV/AIDS demonstrate that world leaders, understanding the scale of the disaster, have made comprehensive commitments to stop the expansion of the epidemic and lay the basis for efforts to reduce the impact of HIV/AIDS on the people of the Earth. Today's high-level meeting can definitely be considered a very important follow-up step for fulfilling those commitments.

In the early 1990s, Kazakhstan, like many other countries of the world, became affected by the HIV/AIDS problem. Even though the country has a relatively low incidence of HIV/AIDS, we are well aware that without the thorough involvement of international cooperation on this extremely important issue, this disastrous disease will seriously affect internal stability in Kazakhstan, which is considered the highest priority of our political agenda. That is why Kazakhstan adopted legislation on HIV/AIDS that provides for preventive measures by the Government and guarantees the fundamental rights of people affected by the disease. The national AIDS coordinating committee, which was established eight years ago, has become fully operational. Our multifaceted approach to HIV/AIDS, which has become possible as a result of the rapid economic growth of my country during the last four years, has brought a national response to the epidemic at the highest level of government. HIV/AIDS prevention measures have been integrated into a strategic plan of development for the Republic of Kazakhstan for the period ending in 2010. Key governmental agencies have developed detailed strategic programmes focusing on the appropriate allocation of available financial resources.

The Government's strong partnership with the non-governmental sector and international organizations, coupled with appropriate commitments from the Government, has ensured success in overcoming the problem of the spread of the epidemic in my country. Those national efforts helped us to develop a proposal resulting in a grant of 22.4 million dollars for five years from the Global Fund to fight HIV/AIDS.

The partnership between the Government and civil society is now primarily aimed at decreasing the vulnerability of high-risk groups and enhancing their protection. That has been made possible by providing adequate information and access to essential prevention supplies and health-care service. Serious efforts are being made to ensure the awareness of the population at large and to educate young people. Kazakhstan is creating a legal and public climate conducive to the protection of people with HIV/AIDS who have been identified as being especially vulnerable to discrimination and marginalization.

HIV/AIDS poses a real threat to every country and requires a global vision and understanding supported by genuine political will and global solidarity. In that respect, the strong commitment of the developed countries is a matter of paramount importance. We have to say openly and sincerely that without financial and educational assistance to the most affected countries, the epidemic will acquire global dimensions, thus posing a major threat to the future of generations to come. It is no exaggeration to say that the issue of HIV/AIDS demands no less attention than that given to other issues of international security, such as the proliferation of weapons of mass destruction and terrorism.

I believe that this extremely representative gathering gives us an opportunity to share experiences and to exchange views on how to jointly and effectively meet the challenge for a better future for all countries in the world.

**The Acting President** (*spoke in Russian*): I give the floor to His Excellency Mr. Habib M'Barek, Minister for Public Health of Tunisia.

**Mr. M'Barek** (Tunisia) (*spoke in Arabic*): It is my distinct pleasure and pride to have the honour of

reading the address of President Zine El Abidine Ben Ali, President of the Republic of Tunisia, to this high-level meeting held by the United Nations Organization as part of its follow-up to the implementation of the Declaration of Commitment on HIV/AIDS, adopted at the special session of the General Assembly held for that purpose from 25 to 27 June 2001.

"It gives me great pleasure to express to the Secretary-General of the United Nations, Mr. Kofi Annan, and to his assistants my great esteem for the growing interest they have unflaggingly given to the preoccupations of peoples and for their continuous support to the process of development and progress in all countries.

"I would also like to pay tribute to the United Nations system for its crucial role in the fight against AIDS and for devoting this day of the General Assembly's debates to following up the implementation of the Declaration of Commitment on HIV/AIDS. That illustrates once again the importance that the international community attaches to the need to combat that terrible scourge.

"In that regard, Tunisia commends the noble objectives underlying the United Nations Declaration on HIV/AIDS and the fight against the proliferation of contagious diseases. In that context, it is my pleasure to recall the policy directions established in Tunisia since the watershed events of 7 November 1987, foremost among which was the importance attached to human rights in their various aspects and in their full scope, including the fight against illiteracy, poverty and disease.

"The data included in the report of the Secretary General (A/58/184) concerning the number of persons affected by the AIDS virus, approximately 42 million today and expected to double by the end of the current decade, lead us to step up efforts and intensify cooperation and coordination in order to take the necessary measures to curb the propagation of the virus, all the more so because this scourge primarily affects the productive population of our societies. This confirms our conviction that fighting HIV/AIDS is one of the ways to fight poverty and underdevelopment, a fact that, in turn, must prompt us seriously to abide by the relevant United Nations guidelines in this regard and to totally commit ourselves to this Declaration and its noble ends.

"With great appreciation, we commend the achievements made, within a short period of time, in implementing this Declaration. This is indeed grounds for optimism and hope, in view of the technical and material support provided by the United Nations, particularly the Global Fund to Fight AIDS, Tuberculosis and Malaria, to the efforts of States, and also in view of the action taken by a number of countries, particularly those most affected by AIDS, to review their health policies and establish clear and carefully considered plans and strategies to combat this scourge. Such action involves the support of numerous partners and actors, and seeks to facilitate the access by a large number of persons affected by AIDS to appropriate health care and necessary treatment.

"I avail myself of this opportunity to commend the decision made by the Executive Council of the World Trade Organization, approving liberalization of the circulation of generic medicines. We consider this decision a step in support of the Declaration, especially as it will enable developing countries to purchase medicines at reasonable prices and will certainly help them check the propagation of contagious diseases.

"Despite stabilization of the AIDS-related indicators in our country to relatively low levels, we have affirmed, on all occasions and at all international and regional levels, our commitment to treating this issue as a top priority and to supporting the international community in its fight against this scourge.

"Since the appearance of the very first AIDS cases in Tunisia at the end of 1985, we have worked to launch a national program to combat this scourge. We promptly consolidated this program by establishing a national commission bringing together all the parties concerned by the fight against this scourge, including governmental and non-governmental organizations, and the media.

"Thanks to this approach, we have managed to achieve a number of positive results, in particular, safety in terms of blood transfusions; laboratory analyses free of charge; and supervising affected persons and providing them with therapy as well as with social and psychological care.

"We reaffirm our support of the Declaration adopted in June 2001, during the special session of the United Nations General Assembly. We also reaffirm our commitment to implementing the practical decisions following this Declaration, and our absolute support of the efforts exerted by the international community to curb the propagation of HIV/AIDS. Moreover, we reassert our commitment to fighting poverty, and exhort the United Nations to support us in our endeavours. We call for support for the Global Fund to Fight AIDS, Tuberculosis and Malaria, by providing the necessary medicines to all peoples, especially people from the less developed countries, and by realizing the legitimate aspirations of our peoples for health and well-being.

"May God help us succeed in all our endeavours for the good of all humankind."

**The Acting President** *(spoke in Russian)*: I thank the Minister of Public Health of the Republic of Tunisia for his statement.

I give the floor to His Excellency Mr. Humberto Costa, Minister of Health of Brazil.

**Mr. Costa** (Brazil): It has been two years since the twenty-sixth special General Assembly session on HIV/AIDS and the adoption of the Declaration of Commitment that paved the way to Doha and to the recognition that the interest of public health cannot be impeded by trade agreements. The question we must face today is how much headway was made to come to grips with one of the world's worst pandemics ever. This is clearly not a rhetorical question. Lives are lost, families are destroyed, hope seems to vanish in the eyes of those affected. What is not taken by disease or death is almost certainly taken away by social stigmatization and discrimination. Inequities and injustice are on the rise.

On the twenty-fifth anniversary of the Alma-Ata International Conference on Primary Health Care, it is worth recalling that health is a state of complete physical, mental, and social well-being, a fundamental human right and hence, a worldwide social goal whose realization requires the concerted action of social and economic sectors, in addition to health sectors.

All the elements of the Alma-Ata definition of health are important. It is a fundamental human right for all people, the sick and dying, the poor and the starving, not just for the fortunate few. It is a worldwide social goal in a deeper sense than the United Nations Millennium Development Goals, and perhaps more disturbingly, it is everyone's responsibility. Prevention, care, support and treatment all come to mind when dealing with a pandemic. But it is also our duty to muster our forces to get rid of the stigma linked to AIDS and fight all kinds of discrimination.

It is appropriate to emphasize the importance of comprehensive access to care and medication. In the past, man faced many epidemics for which medicines were not available. This is not the case with AIDS. The great success of the antiretroviral drugs has allowed people to live normal and dignified lives. Can we continue to do so if the cost of medicines is not affordable?

In Brazil, we produce some of the antiretroviral drugs and in the past, we managed to bring down the cost of imported drugs through fair-handed negotiations. We acknowledge the importance of promoting invention and creativity in the area of pharmaceuticals. We respect all the agreements in that area. But we will not hesitate to use all available procedures and flexibilities to bring down prices and make essential drugs available.

In stating that health is a worldwide social goal we must be serious and put words into action. Brazil has contributed to the consensus solution regarding paragraph 6 of the Doha Declaration and has stressed that the Declaration is an integral statement that has to be respected in its entirety. Brazil has also put forward an International Cooperation Programme on AIDS with ten developing countries from Latin America, the Caribbean and Africa, for the purpose of developing human resources, transferring successful experiences and donating antiretroviral drugs for a fixed number of patients.

We have come to the point where we have to face our responsibility in dealing with the attainment of health for all and making possible a human response to

the scourge of the AIDS pandemic. Many years from now people will ask what we did to fight that pandemic. Let us move to seek the answer before it is too late, because if we lose this fight it will be life itself that we are losing.

**The Acting President** *(spoke in Russian)*: I thank the Minister of Health from Brazil for his statement.

We have heard the last speaker in the debate for this meeting. We shall hear the remaining speakers this afternoon at 3 p.m.

*The meeting rose at 1.30 p.m.*